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ABSTRACT

A practicum was designed to organize a drug prevention/intervention program for high school students. Goals of the practicum were to organize a core team to address alcohol and drug prevention/intervention strategies; to assist staff members in recognizing early warning signs of potential substance abusers and at-risk students; and to develop an effective referral system for students suspected of alcohol or drug use. A 2-day inservice workshop was conducted for staff members to make them aware of the core team and substance abuse counselor's roles and responsibilities in addressing substance abuse problems. A handbook was developed that focused on intervention procedures for students identified as drug and alcohol users, prevention of alcohol and drug use, objectives of an alcohol and drug awareness program, student drug policy, referral to community programs, and referral guidelines. This practicum was successful as verified by the adoption and implementation of eight objectives. An indirect outcome of the practicum was the enlistment of the University of South Florida's "SAFE TEAM," a drug prevention/intervention grant program to assist all high schools in the author's county with a training program to develop peer teams to help fight drugs. Fifteen appendixes contain: a Self-Reporting Rating Scale; pre-test and post-test results of the scale; survey results of student assistance program models; description of the teacher/counselor student assistance program inservice; student referral form; letter to parent; high school officer's classroom presentation list; attendance and activity reports, contacts with media; list of media center's substance abuse education/prevention video; a list of ways to identify high-risk substance users, grades 9-11; and core team logo. (Contains 100 references) (NB)

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ORGANIZATIONAL GUIDELINES FOR ESTABLISHING A CORE TEAM TO DEAL WITH ALCOHOL AND DRUG ABUSE: IN A HIGH SCHOOL

by

Thomas G. Sarnecki

Cluster XXXVII

A Practicum II Report Presented to the Ed.D. Program
in Child and Youth Studies in
Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

NOVA UNIVERSITY

1992

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PRACTICUM APPROVAL SHEET

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This practicum report was submitted by Thomas G. Sarnecki under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

May 25, 1992

Date of Final Approval of Report

Mary Ellen Sapp

Mary Ellen Sapp, Ph.D., Adviser

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School personnel, especially Albert Bashaw, were very cooperative and willing to help whenever possible. Louis Freijo and all the Core Team members were willing to be innovative and especially patient in pulling the pieces together to form a model program to address alcohol and drug prevention/intervention strategies. Yvonne Reed, Substance Abuse Prevention Counselor, was a willing participant and contributed to many effective changes made in the Core Team's operation. My thanks and blessings to all.

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ABSTRACT

Organizational Guidelines for Establishing a Core Team to Deal with Alcohol and Drug Abuse: In a High School. Sarnecki, Thomas G., 1992. Practicum II Report, Nova University, Ed.D. Program in Child and Youth Studies. Descriptors: Alateen/Alcohol Abuse/At Risk Persons/Community Programs/Confidentiality/Core Team/Counselor Role/Decision Making/Dropout Characteristics/Drug Abuse/ Rehabilitation Act/Group Counseling/Law Enforcement/Media Effects/ Models/Peer Pressure/Predictors/Prevention/Program Descriptions/ Program Effectiveness/Referral/SADD/Secondary Schools/Self Concept/ Self Esteem/Self Reporting Rating Scale/School Resource Officer/Smoking/Student Assistance Program/Student Behavior/ Substance Abuse/Tobacco Use/Values/Zero Tolerance.

This practicum was designed to organize a drug prevention/intervention program for high school students. The primary goal was to organize a Core Team to become an effective instrument for addressing alcohol and drug prevention/intervention strategies for the targeted population. The second aim was to impact staff members by assisting them to recognize early warning signs of potential substance abusers and at-risk students. The third aim was to develop an effective referral system to provide help to students who were suspected of alcohol or drug use.

A two day inservice workshop was developed for staff members to make them aware of the Core Team and Substance Abuse Counselor's roles and responsibilities in addressing substance abuse problems. A handbook was developed that contained suggestions for intervention procedures for students identified as drug and alcohol users, prevention of alcohol and drug use, objectives of an alcohol and drug awareness program, student drug policy, referral to community programs, and referral guidelines. The Inservice workshop provided staff members an opportunity to discuss any concerns they might have on substance abuse prevention/intervention strategies. An Alateen program provided fellowship and support for young people. Cooperation with local media, community agencies, and mental health agencies was met by various activities throughout the school year. The SADD club helps students to accept their own power and use it in a positive fashion for themselves and peers.

This practicum was successful as verified by the adoption and implementation of the eight objectives recommended by the writer. The Core Team remained active throughout the school year.

An indirect outcome of this practicum was the enlistment of the University of South Florida's "SAFE TEAM," a drug prevention/intervention grant program, to assist all the high schools in the writer's county with a training program to develop "peer teams" to help fight drugs. The writer was able to convince the coordinator of the program that their services were needed at the high school level.

Permission Statement

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6-1-92 Thomas G. Sarnecki

CHAPTER I

INTRODUCTION

Description of the Community

The high school in which the writer works is located in a rapidly developing community with an estimated population of 265,000 people. The high school community encompasses the central portion of this rapidly growing county and draws students from a population of approximately 45,000.

The student population of the high school has increased 75 to 100 students per year, from 988 in 1981-82, to its present 1992 total of 1525 students. Because planned developments within a six-mile radius of the school will result in the building of 23,000 new housing units, enrollment projections anticipate even more accelerated growth.

Currently, 60% of the students at the high school are classified as suburban, while the remaining 40% are rural. The student population is comprised of the following ethnic groups: White non-Hispanic, 95%; Hispanic, 3%; Black non-Hispanic, 1%; and various other groups, 1%.

Parental occupational information supplied by student surveys indicates that 35% come from parents who are professionals, 26% are manager/proprietors, 23% are skilled workers, 4% are semi-skilled workers, 4% are clerical workers, 6% are classified as other, and 2% are unskilled.

Parental educational levels as furnished by student surveys indicated that 11% have earned advanced degrees, 16% have completed bachelor degrees, and 21% have completed technical schools. Of the remaining parents, 20% received high school diplomas, 30% attended high school, and 2% only completed elementary school.

The Writer and the Work Setting

The writer is a teacher for the Severely Emotionally Disturbed (S.E.D.) in a high school setting which services regular education students and students with exceptionalities. This school year, a full service health clinic has been added which includes a full-time social worker, a nurse, a part-time physician for three hours each Monday, a part-time secretary, and a counselor. The writer has been in the field of education as a middle school teacher, high school teacher, school psychologist, and community college teacher. Other background experience includes work in a human development center for severely mentally handicapped individuals and those who were severely emotionally disturbed. He is presently certified in the state of Florida in school psychology, history, and special education for the emotionally disturbed.

The writer has been chairman of the Core Team, and he was responsible for the administration of alcohol and other drug prevention and intervention services. The chairman was also responsible for the development of an ongoing, innovative program to reduce alcohol and other drug use by the student body.

CHAPTER II

STUDY OF THE PROBLEM

Description of the Problem

The problem faced by the writer in his secondary high school work setting was the use and abuse of alcohol and drugs by students. Like so many schools across the nation, alcohol and drug abuse continues to flourish, destroying many lives in its wake. The use of illicit substances has increased steadfastly over the past twenty-five years (Schinke, Botvin, & Orlandi, 1991). For instance, a national survey revealed that 92% of high school seniors reported using alcohol at some time during their life, whereas 54% confessed to using marijuana, and 40% reported using other types of illicit drugs (Johnston, O'Malley, & Bachman, 1986). For many adolescents, ingestion of alcohol and drugs has become an important part of their life-style. Though many individuals may discontinue substance use after a brief period of experimentation, some individuals may develop a need for psychological and physiological dependence. Upon increase of substance use, some individuals begin using these substances in reclusive fashion (Schinke, Botvin, & Orlandi, 1991).

Existing school programs and strategies for intervening, educating, and dealing with students who are currently using alcohol and other drugs or considered to be at-risk for substance abuse are ineffective. One of the greatest concerns of educators working with adolescents involved in alcohol and drug abuse is the delay in accomplishing the adolescent tasks that are required of them to reach emotional maturity. Although adolescents are beginning to assess parents and other adults as role models, it is an almost impossible task to reach the goal of adulthood if one's perception of life is distorted by the use of alcohol and drugs. Every school in the nation is affected by the increasing problems which are related to the use of alcohol and drugs in our society (Kearns, Rick, Hall & Bradley, 1983). The target school has expended very little effort and resources in the area of prevention, intervention, treatment, and rehabilitation to meet the needs of those students troubled with substance abuse problems.

Currently, the school does not have enough trained personnel who may be responsible for assessing, organizing, implementing, and evaluating alcohol and drug abusers. Staff members along with administration do not demonstrate the skills and knowledge required to perform the duties involved in operating an effective alcohol and drug prevention and intervention program. Since there is a small group of adolescents who find themselves involved in a compulsive drug abuse habit, as verified through an in-school survey and interview data, their needs must be addressed.

Students, parents, and school based professionals are unaware of the availability of alcohol and drug prevention programs that are accessible to assist students with substance abuse problems. Students may be asking each other about the availability of programs to help them with alcohol or drug problems. Parents of alcohol and drug abusers frequently have nowhere to turn except to the schools to assist them in dealing with their child's problems. Teachers often express feelings of helplessness when asked to recommend drug prevention and intervention treatment programs.

The lines of communication between the community and the schools in dealing with alcohol and drug abuse are in need of help. A community partnership is needed to convey to students a message that employers will not hire or tolerate substance abusers in the workplace. Other organizations such as churches, hospitals, and civic associations have not conveyed messages of moral influence as it relates to the dangers of drug and alcohol experimentation.

Problem Documentation

Through the interview process, data from administrators, teachers, and students, demonstrate that there is a general lack of knowledge concerning a school based alcohol and drug abuse problem. Despite rigorous national and local campaigns against alcohol and drug use, it appears remarkable that teachers, administrators, and students are unaware that an alcohol and drug prevention program exists in the target school setting.

A questionnaire survey was conducted at the writer's high school by the National Parents' Resource Institute for Drug Education (PRIDE) during the 1990-1991 school year in which 1,100 students responded. The survey revealed that 50% to 67% of the students used alcohol, over 35% had tried drugs other than alcohol, and less than 10% of the students were aware of a drug intervention program at their high school. Less than 60% of the teachers were aware of the existence and functioning of the Core Team, which is the drug education, prevention, and intervention arm of the school.

Intervention data from police, administrators, and counselors working with students who are alcohol and drug abusers indicated a strong desire for an effective prevention, intervention, and educational program for an alcohol and drug problem that continues to increase. Alcohol is still the number one substance used by adolescents. A survey of high school seniors showed that 63% had tried alcohol in previous months. In 1986, 23,987 traffic deaths, or 52% of all traffic fatalities were alcohol related. It is estimated that 3,538 teenagers died in alcohol-related crashes in 1986 (National Highway Traffic Safety Administration, 1987). The National Council on Alcoholism (1985) indicated that 4,600,000 adolescents age 14 through 17, one in every three, experienced negative consequence of alcohol use in 1985.

Interview data with many high school students yielded conclusions that alcohol and drug use were common and available to students on school grounds. Any use of alcohol and illicit drugs by adolescents implies risk to the user. Students admitted that they enjoy the risk along with the "high" they get from use of these substances. Some of the students indicated that drugs are taken in the restrooms, lunchroom, and in the gym area. It is not uncommon for the county rescue squad to come to the school because a student has overdosed on drugs. Adolescents who indulge in drug use in school frequently come from broken or dysfunctional families (Hawkings, Lishner, Catalano, & Howard, 1986).

Questionnaire data of school staff indicated a need for alcohol and other drug abuse intervention and prevention at the school level. Interview and survey data with faculty and administrators indicated a desire to determine the extent and character of alcohol and other drug use and try to monitor that use on a regular basis. They further recommended that the school establish clear and specific rules regarding alcohol and other drug use, and that corrective measures be taken to deal with those students caught or suspected of using drugs or alcohol. There is concern that administrators enforce established policies against drug use on an equitable basis, and ensure adequate security measures to eliminate drugs and alcohol from school grounds and school functions. Since there are no teacher training procedures for helping them to recognize students who use alcohol and drugs, teachers want other professionals to come into the school and train them in this area.

Causative Analysis of the Problem

The alcohol and drug abuse prevention program currently functioning at the target school is strained by a lack of coordination between the various personnel involved with the Core Team. Because of the demanding duties and responsibilities of these professionals outside the Core Team, their energies are depleted and it is presumptuous to expect them to meet after school hours to deal with such serious issues as drug and alcohol abuse. The Core Team does not possess a format that operates throughout the entire school year. There is an emphasis on alcohol and drug education during "Red Ribbon Week" and the program diminishes with time. The responsibility for educating young people about the hazards of alcohol and drug use and equipping them with the skills that deter substance use is an important element of the nation's war against drugs. Although the entire community must be involved, that is, parents, schools, students, law enforcement authorities, religious and community organizations, the schools are uniquely situated to perform the most important role in alcohol and drug prevention.

Although qualified personnel are available in the school setting to deal with alcohol and drug abuse, they are uninvolved since the Core Team is a voluntary committee. Successful primary prevention programs require recruitment of the most capable personnel available in the school setting. The Core Team consists of a committee chairperson and co-chairperson along with key personnel such as the drug counselor, social worker, nurse, psychologist, resource officer, teacher, and other supportive personnel, are not involved in a comprehensive training program to improve their effectiveness in the areas of demonstrations, structured practice, and general techniques involved in a multidisciplinary team approach (Forman & Linney, 1988). A comprehensive training program is lacking even for those with extensive teaching experience.

Peer pressure, environmental, social and emotional problems may cultivate alcohol and drug use by students. According to social-learning theory, individuals learn how to behave through a process of modeling and reinforcement. Individuals assimilate behaviors by observing the actions of other individuals (Bandura, 1977). Exposure to successful role models who do not use alcohol or drugs, is likely to influence some adolescents. If smoking, drinking or drug use is perceived as a standard practice among peers, it may also promote the use of alcohol and drugs as the normative value. Environmental influence may promote substance use among adolescents. Recent studies have shown that there is an alcohol and drug problem in rural America (Sarvela & McClendon, 1987). The initial use of alcohol and drugs tends to be confined to social situations, and solitary use appears to be relatively uncommon (Meyer & Miran, 1977). Despite warnings from parents, teachers, and the media, most adolescent alcohol and drug users exhibit a lack of concern about the dependency that may result from the frequent use of tobacco, alcohol, and drugs. Adolescents tend to overestimate their ability to avoid personal destructive patterns of use (Botvin, 1978).

There is an inadequate ongoing program of education and intervention on alcohol and drug use for at-risk students. The development of an alcohol and drug assistance program increases the schools responsibility in intervening earlier with at-risk students. The Drug-Free Schools and Communities Act of 1986, as amended, defines an at-risk child as "an individual who has not attained the age of 21 years, who is at high-risk of becoming, or who has been, a drug or alcohol abuser." The at-risk student may be a potential dropout, may become pregnant, may be economically disadvantaged, may be the child of a drug or alcohol abuser, may have committed a delinquent act, may have experienced mental health problems, may have attempted suicide, or may have experienced long term pain due to an injury (DFSCA, 1987). The absence of established policies and procedures for dealing with at-risk students places a severe burden on all staff members. Faculty members who do not understand their roles and responsibilities as defined by school rules concerning the reporting of drug and alcohol abusers may overlook those students rather than getting involved with this complicated problem.

The problem of substance abuse has not been a priority for instructional staff and administrative personnel. Educators have not adequately addressed the issues of alcohol and drug use and abuse. Parents, the federal and state governments, and the community demand that children have the opportunity to learn in an alcohol and drug free environment. A recent ruling by the Office of Civil Rights on Jorn Aronson suggests that schools may be required to educate students with alcohol or drug abuse problems under Section 504 (Kilbourne, 1985).

Coordination and communication between school personnel, students, parents, and the community take place infrequently. Little effort has been made to reach out to the community and parents for support and assistance in making the schools anti-drug policy and program work. There is no development of collaborative efforts in which the school personnel, parents, law enforcement, treatment centers, and private enterprise can work together to provide the resources to beat alcohol and drug abuse by students.

Some literature suggests that there is little support from group counseling for students with alcohol and drug abuse problems. There is no comprehensive and efficient manner to adequately impact and break the abuser's habits even though counselors have been identified as the most appropriate school-based professionals to deliver help to alcohol and drug abusers (Buckalew & Daly, 1986).

Relationship of the Problem to the Literature

Adolescent abuse of alcohol and drugs is an issue involving national concern. Parents, communities, and state and federal governments have been applying pressure on schools to join in the identification and prevention of substance abuse in the adolescent population (Marcus et al., 1985). The emphasis at most schools has been on drug prevention and education. Seemingly little attention has been focused on how schools should handle students who abuse drugs (Cohen, 1985). However recent studies show that approximately 75% of school districts surveyed have a written policy on student substance abuse (U.S. Department of Education, 1987). There is much variation that exists in the schools' responses to a drug-related first offense that ranges from expulsion to referral for counseling or placement in an alternative school (Marcus et al., 1985). There are legal and educational issues that are raised by the impact of substance abuse policies on students who are addicted to drugs and students who are in special education programs. An examination of these policies can help special educators and others recognize that a problem exists with adolescent drug and alcohol abuse.

Definitions of substance abuse strongly reflect the perspective of the person who defines them. Definitions vary from the use of illegal drugs or drugs without a physician's prescription to use of any chemical. The terms "substance use," "addiction," and "dependence" are sometimes differentiated from abuse. There are other occasions when these terms are used synonymously in school policy. The definitions of substance abuse vary with how the problem is conceptualized or perceived. The most common conceptualization is the moral model which associates drug abuse with immorality and sin (Satinder, 1980). The legal model, the modern, rational and more eclectic version of the moral model, views drug use as a crime which should be punished (Satinder, 1980).

Another conceptualization is the medical model, which is accepted widely by the medical and mental health professionals. This perspective maintains that the abuser must be treated in order to be reintegrated into society (Satinder, 1980). Self-help programs such as Alcoholics Anonymous and Chemical Dependents Anonymous are based on this model. Although the moral, legal and medical models view substance abuse differently, there are some areas of similarities. First, they all see the locus of the problem as being within the individual (Satinder, 1980). The abuser is either immoral, criminal, or sick. Secondly, the rehabilitation of substance abusers requires special facilities located away from society (Satinder, 1980). Thirdly, substance abusers are viewed as dysfunctional members of society. Lastly, there are the social learning model and the ecological model of substance abuse (Guydish, cited in Thorne & DeBlassie, 1985). The social learning model examines the individual's interactions with one's immediate environment. The ecological model looks at the interaction of broader societal influences that may also reinforce or encourage drug abusing behaviors. These models view substance abuse as a learned response that occurs within the individual's interactions with others and with social institutions. Schools, after the family, are perceived as a primary socialization institution. Schools are now required to assume responsibilities that were once the family's responsibility. Schools have not developed positive, proactive policies concerning substance abuse.

Schools are not currently required to provide specialized educational services to students who abuse drugs. However, the present trend toward the medical model of conceptualization of drug and alcohol addiction may have a profound effect on the field of education, especially special education. Since drug and alcohol abuse or dependency are not considered handicapping conditions under P.L. 94-142, the Bureau of Education for the Handicapped replied to a 1979 inquiry that chemical dependency did not meet the definition of handicapped under the "other health impaired" category because it did not result from injury or disease. In a 1985 ruling, the U.S. Office of Civil Rights found that Lake Washington School District 414 in Washington state illegally denied Jorn Aronson, a drug and alcohol addicted student, a "free and appropriate" education under Section 504 of the Rehabilitation Act of 1973 because the school failed to evaluate him as a handicapped student when he returned from treatment. According to the Office for Civil Rights, this student's addiction was within the Section 504 definition of a handicapping "physical and mental impairment" (Education of the Handicapped Law Report, 1985).

Educators and administrators are not aware of the impact of Section 504 of the Rehabilitation Act of 1973 which has defined substance abuse as a disability and prohibits discrimination by recipients of federal funds. Chemical dependency alone, however, does not bring a child within the definition of "handicapped children" as defined by Sec. 300.5(b). Education of the Handicapped Act (EHA) and Section 504 are two separate statutes, and each statute has its own implementing regulations. The definition of "qualified handicapped persons" under Section 504 covers a broader population than the definition of "handicapped children" under EHA-B. The fact that alcoholism and drug addiction are included as physical impairments, which fall under the coverage of Section 504 and are not covered under EHA, does not permit school districts to limit the provision of an appropriate education to only those students who qualify as handicapped under EHA. Under the Section 504 regulations, districts are required to provide a free appropriate public education to each person meeting the Section 504 regulations' definition of "qualified handicapped person." An appropriate education under Section 504 can consist of education in regular classes, education in regular classes with the use of supplementary services or special education and related services.

A positive relationship between academic difficulties and substance abuse exists. Schools may have to educate students with serious substance abuse problems in the future (Kilbourne 1985). Schools began to develop substance abuse policies in the late 1960s, in response to crisis situations such as overdose and drug trafficking. Administrators had to take into account state and federal laws regarding drug use and sales, mandated drug education and due process procedures (Marcus et al., 1985). Most of the literature focused on prevention and educational information on substance abuse (Cohen, 1985). A U.S. Department of Education/Office of Education Research and Improvement (OERI, 1987) "Fast Response" survey on substance abuse education was administered in 15,300 U.S. school districts. The survey discovered that 73% of the districts had a written substance abuse policy, while 17% were planning or considering one. Only 10% saw no need for a substance abuse policy.

The survey found that when a student committed an infraction under the substance abuse policy, the reporting procedures varied considerably. Ninety-two percent of districts would notify the police, 99% would notify the parents, 95% would suspend the student, 75% would expel the student, 83% would refer the student for clinical assessment, 95% would require counseling, and 49% would place the student in an alternate school setting.

The National Institute on Drug Abuse Survey (1987) found that school policies ranged from law enforcement procedures to prevention programming and that most policies required due process procedures, notification of police and parents, and concern for the student's confidentiality. This study described effective policies such as a strong drug education program, full community and student input, rules for enforcing drug laws, trained personnel for policy implementation, alternatives to punishment for drug abuse offenses, development of school pride, and strong administrative support. Effective policies also addressed those who had not yet tried drugs, those who were involved with users, and those who used drugs regularly. Some characteristics of an effective policy might include: a) realistic expectations; b) adequate accommodations of legal issues; c) reliance on nonpunishment interventions and, d) training for teachers, parents, and administrators (Marcus et al., 1985).

The Core Team, which is the substance abuse prevention/intervention and educational arm of the school, is a hybrid multidisciplinary team that operates with support personnel from various disciplines. Because of this, it is imperative that problems and issues of its operation be addressed. Core Team personnel have expressed deep concerns about the falling off of enthusiasm toward the program as the school year progresses. Strong leadership will be required to hold the team together. Teams working together for the first time function less efficiently than teams that have worked together over long periods of time (Sarnecki, 1991). Achieving solutions among team members will require that everyone must participate by contributing time and energy to resolve problems. The greater the participation by the team the more likelihood an individual will feel committed to implement the group's decision (Bass & Leavitt, 1963).

The purpose of the Core Team is to increase the school's ability to intervene early with students who are suspected of alcohol or drug abuse. It attempts to take on the responsibility of managing students' problems in the area of alcohol and drug abuse. By establishing school policy and procedures in dealing with substance abusers, it enables administrators and staff members to better understand their responsibilities regarding these issues.

The teacher's role, as it relates to the Core Team, is very important since it is usually the teacher who is able to recognize that a student is having a problem with alcohol or drug use and initiates a referral to help the student. The administrator is responsible for interpreting school policy and procedures and enforcing school rules on alcohol and drug use. Administration is also responsible for making certain that a program is in place to deal with those at-risk students (Muldoon & Crowley, 1986). The Core Team's composition is made up of school personnel who coordinate assessments, make referrals to outside agencies, follow-up treatment plans, and assign students to support groups.

The literature supports the premise that those who have an alcohol or drug problem are usually the last ones to realize or admit it. Most of the individuals think they can handle the situation and feel that they are still able to maintain control. This process employs the defense mechanism of denial, which is part of the disease, and those individuals are the most difficult to deal with. For these reasons, the school will rely on teachers and parent to identify severe alcohol and drug abusers.

The purpose of an alcohol and drug prevention and intervention program is to increase the awareness of the dangers of alcohol and drug use, and to impart reliable information so that appropriate decisions are made to assist the substance abusers. Another function of the alcohol and drug prevention program is to include a support system for those students who are returning to school from a treatment center. In order to achieve these objectives, schools must adopt a program that meets these needs and is operational (Spang & Redding, 1988).

The selection of an appropriate drug and alcohol prevention program is not an easy task. It requires good advice, and sound judgment. The literature indicates that twenty-five states have adopted commercial or state-developed curricula. The State of Pennsylvania had adopted the program "Here's Looking at You, 2000," and has mandated its use in all its school districts. The State of Florida, along with several other states, has used adopted or locally-created curricula with good results.

Substance abuse prevention and intervention programs have probably explored most possibilities for achieving goals and objectives to reduce alcohol and drug abuse among adolescents. A unique and successful program was introduced at Swathmore High School in Swathmore, Pa. by its principal in 1978. It was based on the premise that high school kids need someone to talk to when they are troubled. Because students are often disinclined to trust teachers or administrator they know, it was surmised that an outside counselor who operated an in-school counseling center might be more helpful to troubled teens (Seegrist, 1982). Throughout the literature, low self-esteem or self-concept has been identified as a precursor to or identifier of a substance using adolescent (Calmes & Alexander, 1977).

Project IMPACT, according to Ungerleider & Caudill (1988), is based on an innovative prevention-community-intervention model that was designed to curtail the use of drugs in the Newberg School District in Oregon. The IMPACT model includes the following objectives: a) To formulate a comprehensive drug policy in the target high school. b) To evaluate the effectiveness of current drug policies. c) To assist those in the schools and community with early interventions for youth who are beginning to experiment with drug use. d) To develop permanent procedures for identification and referral for students with drug problems.

The literature states, the result of training received through the IMPACT project enabled teachers to feel more confident in their diagnosis and intervention skills than before their training. Their training included communication and intervention role-playing lectures and live interviews with recovering students (Ungerleider & Caudill, 1988). Project IMPACT emphasized a team approach to prevention and intervention in the schools. Part of their training involved learning of the resources available in the school and community to teachers who have at-risk students in their classrooms. Also, the IMPACT model is designed to have a permanent and ongoing intervention and follow-up team through its members. As a result of training in the IMPACT program, teachers provided more alcohol and drug education in their classrooms.

IMPACT uses a multi-faceted, broad-based approach to prevention and intervention. IMPACT is structured in a learning-theory model used in the same context as the public health approach which combines the interaction of three components: (1) the agent or substance; (2) host or student; and (3) the environment or school, community, family and peer groups. The rationale behind this approach is that the family members as well as community members may improve their attitude, behavior, and the health of its members by taking into account the role of the agent, the host, the environment and the interaction of all three components (Ungerleider &

Caudill, 1988).

The overall findings on the IMPACT program indicate that it is perceived as a highly effective model in alcohol and drug prevention/intervention strategies. It has proved to be effective with "gateway" drugs and students who are classified as high-risk. The goals of IMPACT include a comprehensive drug policy, assessment of school and community needs, and procedures to identify, diagnose, and refer students with alcohol or drug problems to outside agencies for help. The Core Team is trained in intervention strategies that include peer counseling, peer resistance skills, communication skills, and modeling of positive behavior in the classroom (Ungerleider & Caudill, 1988).

The Austin Independent School District in Austin, Texas has developed a program called Project Connect that operates as an intervention/prevention service for students in grades 9 through 12 who are considered at-risk of abusing alcohol or drugs. It provides early intervention in an attempt to break patterns that could lead to substance abuse. Students may enter the program on a voluntary basis or be referred by parents, teachers, counselors, or friends. The program is voluntary. If a student has a serious alcohol or drug abuse problem, he or she may be referred to an outside agency for help. The program director of Project Connect meets with the students in group sessions, informal contacts, and in individual sessions for ten minutes or more. The purpose of the sessions are to help build self-concept, provide positive alternatives to drugs and alcohol, educate them on the dangers of abuses, and to deal with personal concerns. Students reflected positive attitudes on Project Connect through a survey. The students indicated that the program could have been improved by running smaller groups, holding meetings more frequently, making students more aware of Project Connect, and having more discussions on the topics of drug and alcohol use (Turner & Scyuyler, 1985).

The Newton (Massachusetts) Youth Drug/Alcohol program involves five components in dealing with adolescent drug and alcohol abuse. These components are: (1) evaluation of behavior problems that are related to drug and alcohol abuse; (2) referrals by school personnel, community, agencies and parents; (3) provisions for counseling/education support services for students who are reintegrated into the school system following release from a residential treatment center; (4) group support services for parents; and (5) staff training in the identification of at-risk students. This program addresses the needs of adolescents with difficulties with drug and alcohol abuse (Green, 1987).

The Chemical Addiction Prevention in Schools (CAPS) program has grown beyond the peer counseling and support groups and includes both crisis prevention and intervention. Prevention starts with a minicourse called "Inner View," which introduces communication skills. Schools are responsible for trying to neutralize negative forces that influence adolescents such as drinking and experimenting with drugs. Schools are in the best position to provide a support system for adolescents. It is the responsibility of the schools to put students in a frame of mind to be educated (Seegrist, 1982).

The Social Inoculation model is based on a biological model. This model was developed in San Bernardino, California. It was postulated that, given a school situation where drug users and pushers were present, a significant number of low-restistance students would succumb to peer pressure and start using drugs. It was further postulated that the Medical Inoculation model would discourage the low resistance students from illicit use of drugs. The Medical Inoculation model clearly shows that introducing a small dose of a weakened form of a germ into an organism stimulates the body's defense mechanisms to fight off such germs. It therefore follows that it is possible to stimulate a person's attitudinal defenses by inoculating him with a weak form of counter attitudinal arguments (McGuire, 1962).

The Facilitative-Constraint model was developed from selected components of differential association, differential identification, and social control theories to explain participation in drug use. Sutherland and Cressey (1955) summarized the theory of differential association by stating that a person is influenced to participate in deviant behavior by definitions that he has internalized. By definitions, the theorist means values or beliefs. In essence, it is postulated that the more the individual associates with persons who have accepted poor values or beliefs, the greater the probability that he will internalize similar values or beliefs. Differential association theory is restrictive in its ability to predict behaviors because not everyone will adopt such behaviors (Glaser, 1956).

In the application of social control concepts to the use of illicit drugs, Hirschi's social control theory (1969) indicates that participation in delinquency is determine by the extent to which an individual is socially bonded to conventional cultural definition and his behavior in the society. The differential association, differential identification, and social learning theories suggest that some elements facilitate participation in deviant behavior. The role of peer groups plays an important part in influencing negative behavior. Social learning theory contributes some to this eclectic model by suggesting that deviant behavior is learned through imitation and reinforcement (Bandura, 1977).

The Phoenix Pilot Drug program was established to provide a drug and alcohol free educational environment which would enable students to reduce their drug and alcohol usage so that they might function in a regular school program. The first objective of the program is to provide counseling for students experiencing alcohol or drug abuse problems to permit them to cope in the school setting. The second objective is to establish a partnership between the school and the home. The Phoenix program has an outstanding disciplinary program which lends itself well with the academic program (Emrich & Green, 1981).

Texans' War on Drugs (TWOD) was founded in 1980, and is a nonprofit statewide organization dedicated to the prevention of drug use, especially among youth. The program is staffed with prevention specialists who work as statewide and regional coordinators. The program is federally funded and state administered. The goal of TWOD is the prevention of alcohol and other drug use by youth and mobilization of drug-free communities throughout Texas. The program works in partnership with all segments of society to promote a drug-free lifestyle. TWOD organizes concerned parent groups, schools, and community awareness activities. It provides current and accurate information on alcohol, other drugs, and related issues, and community presentations. The program also assists with special projects to reduce and eradicate drug use. It also develops resource lists, produces adult and youth newsletters, and conducts adult and youth conferences. TWOD also works closely with other drug prevention organizations and assists business and industry in providing a drug free workplace, and serves as drug prevention specialists (Texas Commission on Alcohol/Drug Abuse, 1980).

Texas Youth in Action, Inc. is the youth arm of TWOD. This organization operates on the philosophy that reverse peer pressure is one of the most effective tools for fighting drug use among students. The program provides a bi-monthly newsletter to more than 2700 students, participates in leadership and drug prevention, and provides educational materials and resources to students. It encourages the development of self-esteem, leadership, and decision-making skills as it is related to drug use prevention. It provides opportunities to develop these life skills through workshops, exercises, alternative activities, conferences, and educational resources. Texas Youth in Action provides ideas for alternative activities to drug use, such as chemical free parties, celebrations, and other events and activities (Texas Commission on Alcohol/Drug Abuse, 1980).

The Alternative Schools Drug Treatment Program is a combination of education and treatment and it was developed in San Jose, California. The services of this program include individual, group, and family counseling, as well as an introduction to a traditional twelve step recovery program. The program's team approach includes teachers, instructional aides, social workers, and licensed therapists. In addition to a strong academic program in the core subjects of math, English, and social studies, it also includes instruction in chemical dependency, individual therapy, and participation in recovery support groups after school hours. The objective for the first semester is to help students stop using drugs or alcohol and to understand their addictive behavior patterns. The second semester is spent learning the skills necessary to stay sober. Parents and other family members participate in education and therapy activities (Santa Clara County Office of Education, 1987).

The Student Assistance Program (SAP) model is a counseling program designed to help students who may be using drugs or alcohol. It has evolved from the industrial model for employee assistance and it is a relatively new concept adapted for a school system. The design of the program is centered on helping with problems of dealing with drugs and alcohol or in living in an alcoholic home. SAP has six basic functions: (1) early identification of problems; (2)

assessment; (3) intervention; (4) referral to outside agencies; (5) a support system; and (6) case management (Anderson, 1987). The SAP model program works closely with community resources. The Pennsylvania Student Assistance Program (SAP) has been praised as one of the most effective in-school intervention programs for dealing with adolescents who are using drugs or alcohol (Villanova University Study, 1989).

In 1986, the Pennsylvania Commission on Crime and Delinquency funded a comprehensive drug and alcohol prevention/intervention program to fight drug and alcohol use in the schools. The program consists of five distinct alcohol and drug prevention components. These are: (1) curriculum, (2) the Elementary Absenteeism Program; (3) the Student Leadership Program; (4) the Parent Education Program; and (5) the Student Assistance Program. These five programs form a comprehensive approach to substance abuse prevention. The SAP component was initiated for early identification, intervention, and referral for students suspected of alcohol or drug abuse. The Pennsylvania Department of Education is managing the SAP program through the implementation process which includes the training of SAP personnel.

The SAP team works to identify students who have substance abuse or mental health problems. Team members are carefully selected and include a central administrator, building administrator, school psychologist, school nurse, school guidance counselor, at least two teachers, and a community substance abuse specialist (Kelley & Peters, 1989). The information gathering process is accomplished through the referral system which is initiated by teachers and school personnel who suspect a student may have a mental health or substance abuse problem. This is accomplished by completion of a confidential referral form. A formal information gathering process is begun by examining attendance records, academic performance, teacher information on classroom behavior, guidance counselor reports, and medical data provided by the school nurse, and other pertinent information on the individual. This objective data gathering process is completed within five school days. Two types of interventions are used in the Pennsylvania SAP model. A formal intervention for students who have violated the school's substance abuse policy, or an informal intervention. If the SAP team feels an intervention is necessary, a meeting is arranged between the student and the team. Parents are asked to attend.

The team then assists the parent in getting help for the problem. The intervention may include an assessment to determine the extent of substance abuse, in-school group counseling, medical examination, individual counseling, and changes in the course of study to improve academic performance. The SAP team works closely with family members to encourage them to follow through with a plan of action. The SAP team monitors the progress of the student and family (Kelley & Peters, 1989).

The SAP philosophy emphasizes the integration of student assistance and disciplinary measures to deal with students' problems related to drug and alcohol abuse. Team training consists of a five-day residential education program that includes theories of adolescent development, family dynamics, the nature of drug dependence, the enabling process, adolescent depression and suicide, the SAP process, the treatment process, SAP interventions, and action planning. Treatment is not a function of the SAP team. Emphasis is placed on motivating families to use existing community resources.

There are some obstacles to implementing a SAP program. First, the program calls for a full-time position to direct the program. That person should be familiar with faculty scheduling, administrative procedures, operating policy, and district protocol. Secondly, the SAP team should be able to deal with the high number of referrals made initially. Finally, team members should be trained for the working reality of this demanding program (Kelley & Peters, 1989).

"Here's Looking at You, 2000" is a comprehensive alcohol and drug education program that covers kindergarten through the twelfth grade. It was originally developed by the health education staff at the Educational Service District #121 in Seattle, Washington, with support from the Washington State Bureau of Alcohol and Substance Abuse and Alcoholism. A second version was developed and used by thousands of schools throughout the nation. The program is especially effective in increasing drug and alcohol knowledge (Green & Kelley, 1989).

The Youth Awareness Program (YAP) is a joint effort of the District of Columbia Public Schools and the Metropolitan Police Department, which focuses on helping high school students make appropriate decisions about sex, drugs, crime, careers, and motivating students toward positive behaviors. The program utilizes strategies such as interviews, discussions, multi-media, field trips, and a variety of counseling techniques. YAP teachers and community resource personnel conduct classes twice weekly. Program goals are: (1) evaluating the effectiveness of the program; (2) measuring changes in the knowledge, attitudes and behaviors of YAP students; and (3) collecting students' and instructors' opinions about the program (Barnes et al., 1984).

A review of school-based anti-drug programs developed for adolescents shows that they cover five major categories. These categories are: (a) programs that emphasize knowledge and information about drugs; (b) programs that focus on trying to change attitudes through emphasis on personal and social growth, clarification of a value system, and feelings; (c) programs that call attention to attitude change and knowledge; (d) programs that utilize positive peer influence in conjunction with specific skills training; and (e) programs that provide positive alternatives to drug use, and specific skills training. Research over the last fifteen years indicates that programs the first three programs appear to have little positive effect on the reduction of drug use, but they are still found in many schools. Programs that emphasize skills development and behavior change produce the greatest decrease in drug use, but have less success with cigarette and alcohol use (Pennsylvania Department of Education, 1991).

In the early 1970s the Office of Education was directed to invest three million dollars in developing and supporting a prevention capability for training classroom teachers in fifty states with Education Personnel Development funds. It was felt that the traditional reliance on providing information about the dangers of drugs and their effects along with legal consequences for use of these drugs was ineffective. Research has since supported this premise. The goals of the program were to emphasize reinforcing non-use, discouraging experimentation with drugs, and preventing use of all substances. The strategy was to draw from learning, motivation, growth and development, communication, and from research on deviant behaviors which included alcohol and drug use. The primary target group that was sought to implement these strategies was the family, the school, and the community (Nowliss, 1977).

It appears that over the past twenty years the battle against alcohol and drug use continues with the same emphasis on the family, the schools, and the community. The activities listed twenty years ago and implemented by school teams continues to be counseling programs, teacher training, workshops, curriculum development, information services, assessment, programs providing alternatives to drug and alcohol use and family counseling programs. These interventions must be an active force in the schools in order to keep the "runaway" drug and alcohol problem in check.

The counselor in the school setting appears to be the best person to deal with students' feelings and attitudes. Although their time is often taken up with "shuffling papers," scheduling, disciplining, mediating, parental conferences, and other tasks, they must take time to listen to those students who are crying out for help. While involved in group work, counselors must deal with the feelings being expressed whether they are positive or negative. Very little progress will be made if individual feelings are not recognized and dealt with as soon as they arise. Frequently counselors shy away from group rap sessions because they might feel anxious and insecure in leading such a group. These rap sessions provide excellent opportunities for keeping lines of communications open so students may talk about their problems (Erney, 1972).

Keeping lines of communication open with students and developing self-esteem appear to be the two best approaches to fight alcohol and drug abuse. A few years ago, a counselor from a Northern California school district, in conjunction with several colleagues, developed and implemented a nine-week self-esteem course entitled "Personal Growth." The facilitator of this type of program should have knowledge in the areas of dysfunctional families, drug intervention, sexual assault and child abuse, suicide prevention, and community support groups such as Alateen, Adult Children of Alcoholics, etc. (Preshaw & Steele, 1988).

The class begins with simple low-risk activities designed to develop bonding so that trust and sharing of feelings may take shape. Students are asked to share their feelings in terms of a "weather report." For example, "It is foggy and cold." might mean I feel confused and empty. The facilitator might follow up by asking key questions about feelings and listening to what they are experiencing. In addition, deep relaxation is taught and creative visualizations are used (Denti & Feldman, 1987).

Drug and alcohol abuse by adolescents is of grave concern to educators and counselors because it leads to problems such as drunk driving, aggression, violence, disruptive interpersonal relationships with family and friends, destruction of property, impaired job effectiveness, and poor academic performance (Freedman, 1985). In addition to those problems mentioned, adolescent alcohol and drug abusers stand a greater risk of not mastering social and emotional skills for a healthy and safe life, choosing to engage in theft, prostitution, truancy, and causing harm to self or others (Johnson et al., 1986).

Arranging a group meeting for drug or alcohol users can be a problem for the school. It is difficult to fit group time into a regular classroom schedule. Since no study periods are scheduled in the target school, students must be pulled out of their regular classroom programs to receive assistance. Meeting after school hours is not feasible since all students are bused to campus. Similar problems are faced with group facilitators who are also classroom teachers. These problems have been cited in the literature (Spand & Redding, 1984; Spand & Redding, 1988).

Although students have never been more aware of how alcohol may disrupt their health and welfare, the 13th National High School Senior Drug Survey released January, 1988 showed that alcohol use had not decreased over the previous three years. One third of the nation's teenage population (8 million) drink alcohol weekly and nearly a half million are "binge" drinkers who consume an average of fifteen drinks each week, according to a recent release by the Surgeon General, Antonia Coella Nevello. Of the 20.7 million teenagers in the country, an estimated 10.6 million drink, and of these, 8 million drink weekly. The Surgeon General's report stated that 31% sometimes drink alone, 41% drink when they are upset, and 25% drink to get high. For "binge" drinkers the percentages increase with 39% drinking alone, 58% drinking when they are upset, 30% drinking when they are bored, and 37% drinking to get high.

Alcohol is a central nervous system depressant. It is readily made available and it is in wine, beer, and liquor. It is absorbed into the blood stream and transmitted to virtually all parts of the body. There are several factors that influence the effects of alcohol; the rate of consumption, the presence of food in the stomach, and one's weight, mood, and previous experience with it. Taken in large quantities over an extended time period might result in death due to depression of those parts of the brain that control the heart rate and breathing. If a public health survey were conducted, almost all of the communities would find that alcohol related problems are costly in dollars and lives. It is conservatively estimated that the cost of alcohol related problems may exceed fifty billion dollars annually (Office of Substance Abuse Prevention, 1989).

In response to the increased consumption of alcohol, much effort has been devoted to the control of alcohol abuse. Aside from treatment and rehabilitation of problem drinkers, these efforts also include prevention. Effective positive education and prevention strategies which emphasize making responsible decisions about the use of alcohol must be utilized if alcohol problems are to be resolved. Emphasis must be placed on changing the attitudes of the drinkers along with the behaviors that are related to drinking problems. Most people feel that help from educational programs as they relate to prevention of alcohol abuse is the approach to follow. Emphasis should be placed on training toward good decision-making skills (Caplan, 1964).

The problem concerning the role of providing information in alcohol abuse prevention programs is complicated by the lack of agreement in this country about what is healthy or responsible behavior as it relates to drinking. The Second Special Report to the U.S. Congress on Alcohol and Health, refers to public attitudes about what constitutes responsible drinking behavior. It states there are no standards as to what is acceptable alcohol-related behaviors in specific environments. If these standards were established, it would be easier to help the potential alcoholic sooner. Chafety (1974) has suggested that such standards would contribute to the enrichment of health as well as reduce problems related to alcohol. Responsible behaviors might include use of nonalcoholic drinks, setting personal limits on the number of drinks taken, to respect nondrinker's rights, and to seek help if a person felt they had a drinking problem (Gonzalez, 1978).

During the late 1970s and early 1980s, there was a movement away from the informational approach toward alcohol and drug prevention in favor of specific programs designed to utilize personal and social competencies. Emphasis is now placed on awareness of social pressures by peers, personal commitment not to use alcohol or drugs, development of appropriate decision-making and problem-solving skills, enhancement of self-esteem, and teaching refusal skills (Kim et al., 1989).

Guidance counselors and educators involved in counseling or career education programs in high school must be aware of those students involved in alcohol use who risk the loss of self-respect and deep feelings of guilt. Chronic abuse of alcohol affects not only the life of the user, but the life of family and friends, and will impact negatively on their economic well being in the future through job loss or reduced employability. Alcohol abuse is an insidious problem. Moderate drinking is socially acceptable in our society, but it is difficult to separate social drinkers from those who are confirmed alcoholics. Children of alcoholics appear to be at greater risk for developing alcohol problems, and other children may use alcohol as a result of peer pressure or as a means of solving emotional problems. Ignorance about the dangers of alcohol and its effects is another reason why adolescents drink.

Occasional use of alcohol may be almost impossible to detect. While changes in behavior are not a certain sign of alcohol abuse, some clues may be detected through such things as slurred speech, alcohol breath, excessive need for sleep, poor grades, physical complaints that fit the description of a "hangover," headaches, fatigue, unstable emotions, temper tantrums, silliness, isolation of family and friends, excessive use of mouthwash, breath freshners, and missing liquor from family cabinets (Estes & Heineman, 1977).

The literature supports the supposition that parents should inform their adolescent children that they disapprove of underage drinking and give them reasons why they feel this way. They should be made aware that this is a serious matter and rules should be defined along with consequences for violating those rules. It is suggested that talks to children should occur before they reach adolescence when they are more receptive to factual information and they have respect for parental authority. An early start lets parents prepare their children to say "no" before others offer them alcoholic beverages. This kind of discussion makes children aware and shows that parents are interested in their well being. Parents need to think about alcohol education before children reach adolescence (Biddle, et al., 1980).

Theorists have suggested that adolescents drink because of peer influence or because their parents drink. There are studies to support this theory (Maddox, 1964). Others state there is no supportive evidence for this theory (Stacey & Davies, 1970). Heavy drinking by adolescents becomes a social problem and may lead to alcohol addiction or drug use (Kandel et al., 1976). Parent and peer influence on adolescent drinking varies depending on such variables as age, race, and social class. The centrality of preferences in adolescent drinking patterns has practical implications and suggests the need for more research. Parents seem more likely to affect adolescents through normative standards. With peers, the influence is through modeling behavior. Little evidence is available to support the assumption that parents who drink influence adolescent drinking habits. Research shows that drinking by adolescents may be predicted from different factors than patterning adult drinkers (Bruce et al., 1989).

The warning label on each pack of cigarettes clearly states, "Cigarette smoking is dangerous to your health." The U.S. Surgeon General's Report of 1982 states that smoking tobacco is probably the most physically damaging and addictive habit endangering the lives of 54 million American smokers. This is supported by the fact that one out of six smokers will die of cardiovascular diseases, chronic bronchitis, emphysema, or lung cancer. Nicotine is a strong drug and very addictive. There is conclusive evidence to show that young people inhale two to three times more of a pollutant per body weight than adults. Many adolescents who use smokeless tobacco are unaware of the health hazards. About five percent develop oral cancer as a result of this habit. Other problems caused by smokeless tobacco are receding gum line, tooth decay, tooth discoloration, and bad breath. A recent (1991) survey by the U.S. Center for Disease Control reported that about 36% of students they surveyed had used tobacco at least once in the previous month. Thirteen percent of the ninth to twelfth graders were described as frequent smokers. Forty-one percent of the twelfth graders said they had chewed tobacco in the previous month. Early experimentation with tobacco is common, and frequent smoking tends to develop later.

Educating adolescents about the hazards of cigarette, alcohol and drug use and equipping them with the skills to deter use of these drugs is an important element in our nation's war on drugs. Fighting drug use is the responsibility of the parents, schools, students, law enforcement agencies and community organizations. Schools are probably in the best position to send a message to adolescents about the dangers of drug use. Only by everyone working together can our students be made aware that drugs are capable of destroying the fabric of our society.

Intervention attempts on reducing the consumption of drugs by adolescents appear to be most effective prior to age twelve or thirteen (Jones, 1971). Developing coping skills, decision-making skills, and a positive self-concept seems to be an effective approach for fighting drug use. Certain beliefs that are associated with the use of drugs as a means of deriving pleasure are especially reactive. Through the eyes of an adolescent, the decision-making process to use or not to use drugs is tied in with their value system. All drug programs must take this axiom into account when developing a prevention program (LeCoq & Capuzzi, 1984).

Counselors who do not utilize building those skills that have been identified as being useful in fighting adolescent substance abuse will lose the drug battle. Programs that are designed to help adolescents identify and change their coping behaviors, communication skills, personal strength, and the development of a positive value system are the best tools for helping fight drug experimentation and abuse. Creative counseling should employ variations of the aforementioned strategies according to the nature and temperament of the students they are working with to fight drug abuse (LeCoq & Capuzzi, 1984).

Past drug intervention programs used to combat drug problems in America have been attempted in the home, in the schools, and through radio and television commercials. The most frequently used methods are lecturing, group discussions, question-and-answer sessions, and student rap groups. An early popular mode of drug eduction employed the preaching, convincing, and scaring tactics which have proven to be ineffective in reducing drug abuse. The more effective styles of drug education seems to be counseling, and peer-counseling. These methods are based on the presentation of factual information, development of decision-making skills, and assisting the students to make up their own minds on the issue of drug use (Mathews, 1975).

Most of the past drug prevention programs have been based on the assumption that adolescent drug users if given sufficient information about drugs, would not abuse them. This assumption was investigated by Swisher et al. (1971) with three different populations of high school and college students. Their results showed a consistent negative relationship between knowledge about drugs and attitudes toward using drugs. The more knowledge the students have about drugs, the more likely they are to favor positive attitudes about the use of drugs. This may be an indication that the problem of drug abuse is so complex that it requires more than a cognitive approach.

From a counseling viewpoint, a social problem such as drug abuse should be examined from the perspective of the cognitive, affective, and behavioral aspects. Through this approach, the drug abuse problem can be considered as informational, attitudinal, and usage oriented. The attitudinal approach has proven to be effective when the decision not to use drugs comes after the individuals determine in their own minds that they choose not to use drugs. The informational approach appears to leave a mixed message with the adolescent, such as "to do or not to do drugs?" Debate still continues as to whether a counseling approach is more effective than a straight informational approach. The use of former drug abusers in the drug abuse prevention programs is not advisable since adolescents might be taken in by the negative experiences expressed by ex-drug abusers (Swisher et al., 1983).

Many surveys of adolescent alcohol and drug use have been conducted over the last twenty years, but few have independently examined the use of alcohol and drug use by special education students. The available data that are currently available come from clinical studies. The data that researchers gathered show that students involved with special education classes do not abuse drugs more than regular education students. Among adolescents in general, poor academic grades and disinterest in school are associated with substance abuse (Leone et al., 1987). While this writer agrees that this perception is indeed general, he believes it is too simplistic. There have always been, and will always be, under-achievers who might wrongfully be categorized as suspect of substance abuse. It is of the utmost importance that such a determination be thoroughly validated before a referral procedure is begun. Such a stigma could conceivably affect a student for the remainder of his life.

Students who are drug and alcohol dependent have not been identified under P.L. 94-142 as a group who are entitled to any special education services. The Office of Special Education Programs responded to an inquiry concerning service for alcohol and dependent children by indicating that they did not qualify according to the definition of handicapped under the "other health impairment" category because the disability did not result from injury or disease (EHLR, 1979). Several years later the Office for Civil Rights of the U.S. Department of Education ruled that under section 504 of the Rehabilitation Act of 1973, a student's drug addiction came within the definition of "physical or mental impairment" (EHLR, 1985). Due process hearings held at various state levels have supported students who have alcohol or drug problems for referral or assessment for special education and related services (EHLR, 1985; 1985-86). Although it is not customary to serve substance abuse students in special education programs, it is in the school's best interest to try and address their educational needs (Leone, 1991).

Educators must address substance abuse issues because of pressures brought to bear on them from parents, government officials and the community. Part of a successful prevention program requires effective dealings with students who have substance abuse problems (Marcus et al., 1985). Studies have found that students who abuse drugs have lower academic motivation and higher school failure and drop-out rates than those who do not abuse drugs. A recent ruling by the U.S. Office of Civil Rights suggests that schools may be required to educate students with substance abuse problems under Section 504. The ruling also suggests that the Department of Education may be moving toward the medical model view of substance abuse as an illness or impairment (Kilbourne, 1987). Therefore, special educators may find substance-abusing students in their classes in the future. Schools view substance abuse predominantly as a discipline issue (OERI, 1987). Those who are repeatedly involved with drug abuse problems are most likely referred out of the educational system and into the medical and criminal justice systems.

Research suggests that educators examine current substance abuse policies such as alternatives to suspension and expulsion for students who abuse drugs. A strong bond should exist between schools and juvenile services, and mental health and chemical dependency treatment agencies concerning student drug use. It is suggested that schools should evaluate the student's educational needs and provide appropriate services when students return from treatment centers. Schools ought to be aware of the relationship between poor school performance and substance abuse, and review their curriculum and general environment to provide help for abusers.

In 1986, Congress passed the Anti-Drug Abuse Act (P.L. 99-570). One requirement of that legislation was to establish a White House Conference for a Drug-Free America, whose purposes were to: (1) share information so as to attack drug abuse at the local, state, federal, and international level; (2) make the public aware of drug abuse education and prevention programs that have been successful; (3) emphasize the drug abuse crisis, examine the progress made with it, and help in establishing national strategies; (4) examine the role of parents and treatment plan; and (5) to focus attention on the importance of fighting the use and distribution of illegal drugs in society.

Approximately 3,000 people attended one or more of the regional meetings that were held throughout the country prior to the national conference for 2,000 in Washington, DC, from February 28th to March 3rd, 1988. The conference developed recommendations for concern in the areas of: prevention, education, criminal justice, treatment, workplace, transportation, sports, public housing, media and entertainment, international drug control, federal reorganization and systemwide changes (U.S.Government Printing Office (No. 88-600553), 1986).

Although there appears to be limited progress toward the reduction of cigarette, alcohol, and drug use with adolescents over the past twenty years, our hope rests with the social skills training approaches now used with adolescents. Research is beginning to support social skills training, and the results indicate a reduction in substance use and related behaviors such as aggression, withdrawal, truancy and stealing in adolescents. It appears to have an advantage over more direct prevention methods in regards to long-term generalization capabilities (Kin et al., 1989).

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

Several goals and objectives were charted for this practicum with the primary desire to reduce or eliminate the incidence of alcohol and drug use by students within the school environment, in their homes, and in the community of the targeted population. Staff members will be impacted by a strategic plan to help them recognize the early warning signs of potential substance abusers and at-risk students. Teachers, staff, students and their parents were made aware of the existence of the school's substance abuse program to reduce alcohol and drug use. A planned referral system was developed involving a Core Team process in which the referral was evaluated to determine if the student required a needs assessment.

Alcohol and drug abuse literature has focused on prevention rather than treatment because better results are achieved through the prevention process (Peele, 1987). Polich et al. (1984) indicated that increased penalties such as incarceration has failed to stem the increasing use of alcohol and drugs by young people. Many variations have been attempted to achieve the optimum strategies such as teaching, coping, family interventions, or structured intervention programs in the schools (Gliksman et al., 1987). School intervention strategies that utilized dissemination of alcohol and drug information techniques have been most successful through peer-resistance skills (Hansen et al., 1988).

There has been a proliferation of school-based alcohol and drug prevention programs aimed at reducing or delaying the onset of students use of these substances. A model program should be aimed at developing students' values toward sound personal health, respect for laws and rules which forbid alcohol and drug use, encouragement to resist peer pressure to use alcohol and drugs, and to promote student activities that are alcohol and drug free (Forman & Linney, 1987).

The success of any alcohol and drug use prevention program is dependent upon support of school personnel who are properly trained and committed to the goal of alcohol and drug free schools. Training must be precise and complete. Training that is of a generic nature is best. Teachers who participate in implementing an alcohol and drug use curriculum should obtain a working knowledge of the field and feel comfortable with any approach or materials that are used. Generic training is important where alcohol and drug abuse prevention education is integrated into regular subject matter areas (Forman & Linney, 1988).

Alcohol and drug abuse prevention education in high school should be the result of a comprehensive school-based prevention endeavor. Students at the high school level are in a transition state to adulthood, and it is a period of confusion for them. Although they have acquired drivers licenses and seek employment, they remain minors according to age laws. Alcohol and drug abuse education challenges these students to resist the rise of illicit substances and to prepare them to become responsible citizens in the adult world. Staff members must be actively involved in the schools alcohol and drug abuse prevention program by reinforcing school policy against drugs, alcohol and tobacco use, by supporting school events that are drug-free, and by providing support to students who are experiencing personal and family problems with alcohol or drugs. Parents will be made aware of any disciplinary actions or interventions that are taken against their children for alcohol or drug use.

Behavioral Objectives

The objectives of this practicum were:

1. To organize an alcohol and drug intervention Core Team through selection of key personnel found among the targeted school's staff.
2. To evaluate current successful alcohol and drug prevention models and incorporate those components into the school's program.

3. To develop criteria for student referral procedures for those students suspected of alcohol or drug use, and to establish appropriate communication for notifying parents of this referral.
4. To utilize the high school resource officer, who is the school's link to the criminal justice system and general law enforcement person, in the alcohol and drug prevention program.
5. To cooperate with local media, community agencies, and mental health agencies, in addressing issues of alcohol and drug education and prevention.
6. To provide students the information needed to help them realize that drugs and alcohol are addictive and life-threatening substances which must be rejected by them.
7. To integrate the existing S.A.D.D. and Alateen programs into the Core Team's infrastructure for fighting alcohol and drug use.
8. To develop and implement drug education strategies so the teachers and counselors can identify and assist alcohol and drug abusers, and to focus on the importance of keeping lines of communication open to abusers and to assist them with enhancing their self-esteem.

Measurement of Objectives

The measurement of the behavioral objectives was accomplished as follows:

1. The writer utilized a self-diagnostic five-point rating scale in which the key personnel evaluated their competencies in the area of alcohol and drug education. The desired level of competency was signified by "D" and the present level was signified by "P" (see Appendix A).
2. Model drug programs were evaluated by comparing the various values placed on them by a rating scale from 0 to 9. The program receiving the highest rating was selected and implemented into the school's alcohol and drug prevention program (see Appendix D). A referral form for students suspected of alcohol or drug abuse was developed (see Appendix F), and a letter advising parents of the Core Team's intervention was improved (see Appendix G).
3. The criteria for student referrals were determined by the student referral form to the Core Team (see Appendix F).
4. The high school resource officer kept a record of the number of students he assisted or had contact with regarding alcohol or drug use (see Appendix J).

5. Records of contact were kept concerning communication made between the Core Team and local media, community agencies, church groups, and mental health agencies concerning alcohol and drug education and prevention (see Appendix F).
6. A list of instructional substance abuse education/prevention videos were previewed by the Substance Abuse Prevention Counselor at the county district media center and were rated excellent, good, or "not previewed" (see Appendix L). Slogans were also presented on the school radio along with a film entitled "Staying Alive."
7. Records were kept concerning S.A.D.D. and Alateen educational contributions to the high school Core Team's drug prevention and educational programs (see Appendix M).
8. The identification of high-risk substance users was adopted from Skager & Frith's (1988) survey which included 7000 high school students from California (see Appendix N).

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Solutions

The target high school has an alcohol and drug problem that needs to be addressed. Robins (1984) states that drug use among adolescents has become widespread during the past twenty-five years, with many experts claiming the increase has reached epidemic proportions. For example, 92% of high school seniors reported the use of alcohol sometime in their life, about 54% reported using marijuana, and 40% reported using some other type of illicit drugs (Johnson, O'Malley, & Bachman, 1986). In that same national survey, 37% reported at least one occasion of heavy drinking during the prior two-week period. Many adolescents have incorporated ingestion of drugs and alcohol as an important element into their life-styles. It is critical to determine how this negative behavior affects the adolescents' social and psychological development during their high school years.

Once individuals become dependent on tobacco, alcohol or drugs, it is very difficult for them to develop strategies to achieve abstinence. The literature supports the supposition that treatment approaches have been only moderately successful with those individuals who have developed addictive habits (Allison & Hubbard, 1985; Bailey, 1989; Semlitz & Gold, 1986; Wheeler & Malmquist, 1987; Winters & Henley, 1988).

Several prevention strategies were formulated and examined to deal with substance use and abuse. The traditional approach focused on an increased knowledge of drugs, the consequences of their use, and an effort to develop anti-drug attitudes. Government agencies such as the Department of Education, and public health organizations such as the National Council on Alcoholism have produced and distributed pamphlets, posters, and public announcements on television and radio alerting individuals to the dangers of tobacco, alcohol and drugs. Although this method is used by most subscribers to deter the use of alcohol and drugs, empirical evidence consistently supports the ineffectiveness of traditional approaches to substance abuse (Kinder, Pape, & Walfish, 1980; Schaps, Bartolo, Moskowitz, Palley, & Churgin, 19811 Schaps, Moskowitz, Malvin, & Schaeffer, 1983).

Affective educational programs usually include classroom activities that are intended to increase self-esteem, and communication skills, to develop a value system, and to enhance decision-making ability in an attempt to help students fight drug use. Self-esteem is the response to one's beliefs about self. It is an indication of how much one approves of his/her self-image, or the set of beliefs and mental pictures about the kind of person he or she is. A positive self-image is the cornerstone upon which one is able to build a joyful life. Communication skills enable one to express concerns and respect for each other. It enables one to share ideas, feelings, and behaviors in a honest manner, and to value other individuals' worth. Since attitudes may play a major role in the formation of an individual's behavior toward the use of alcohol and drugs, it is important to present values to students in order to shape their attitudes in a positive direction. Alternatives to drug use are suggested by involving adolescents in organized youth centers, recreational activities, and organized sports. Decision-making skills are introduced to help adolescents know that more than one choice is available, that choices have positive and negative consequences, and that we are responsible for the choices we make. The affective approach usually includes little or no information about drugs (Swisher, 1979). A widely used affective education program is called "Here's Looking at You, 2000," which focuses on self-esteem and interpersonal skills (Kelley & Peters, 1989).

During the 1970s, another approach to drug abuse prevention was called the "alternatives" to drug use. Activities were developed to serve as substitutes for drug use by presenting individuals the chance to meet the challenges to abstain from or decrease the use of drugs and to increase personal growth (Swisher & Hu, 1983). An example of this approach might be Outward Bound, which enhanced self-esteem and self-confidence, and offered an opportunity to experience a "natural high." Swisher & Hu (1983) stated that activities such as academics, religion and athletic programs have been associated with reduced substance use, but cautioned that entertainment and vocational programs have been found to increase substance abuse.

In contrast to the traditional approaches, which focus on informational education, fear arousal, or moral persuasion, the most hopeful alcohol and drug abuse prevention/intervention now available is the psychosocial approach. This method of reducing alcohol and drug use involves resistance-skills training, psychological inoculation, and personal and social skills training. This approach is based on a complete understanding of the causes of alcohol and drug use by adolescents. Also, this approach is based on theories of human behavior, and intervention techniques (Evans, Henderson, Hill, & Raines, 1979). The psychological inoculation concept is based on the medical model which facilitates the development of "antibodies." An example of this might involve a person who is called "chicken" for refusing to smoke or drink. That person does so because he/she chooses not to do it (Evans et al., 1978). Resistance-skills training approach teaches students how to avoid getting into situations where peer pressure forces them to smoke, drink, or use drugs (Bandura, 1977).

Description of Selected Solutions

The suggestions that were cited in the literature for organizing an effective alcohol and drug prevention/intervention program were expected to be successful in the writer's high school. A recent PRIDE survey at the target school in 1990 demonstrates an alarming number of students were involved with drug and alcohol use. The high school principal has a very positive attitude about the need to organize the Core Team into a more effective tool to combat drug and alcohol abuse.

Important strategies that are planned as solutions for implementation pertain to the organization of the Core Team into a efficient group to combat drug and alcohol abuse. Team members were to gather at regularly scheduled times to discuss their effectiveness in meeting the needs of teachers who dealt with these at-risk students, as well as the students themselves.

The Core Team had an opportunity to review selected alcohol and drug prevention/intervention programs that have been used successfully in other school systems in order to adopt one for the target school. Some of the more popular programs found in the literature include the following: Project Impact, which is based on an innovative prevention-community-intervention model to curtail the use of alcohol and drugs (Ungerleider & Caudill, 1988). Project Connect, developed in the Austin, Texas Independent School District operates as an intervention/prevention service for high school students. It provides for early intervention strategies to break patterns that could lead to substance abuse. The Newton (Massachusetts) Youth Drug/Alcohol program provides staff training to identify at-risk students, counseling/education support services to reintegrate substance abusers back into school, and referral procedures to outside agencies. The Chemical Addiction Prevention in Schools (CAPS) program includes peer counseling, and crisis prevention/intervention strategies (Seegrist, 1982). The Social Inoculation model is based on a biological model. This model attempts to stimulate attitudinal defenses (McGuire, 1962). The Facilitative-Constraint model is concerned with a value system or beliefs used to resist substance abuse (Glaser, 1956). The Student Assistance Program (SAP) model is a counseling program aimed to stop drug and alcohol use (Santa Clara County Office of Education, 1987). The Youth Awareness Program (YAP) focuses on helping high school students make appropriate decisions about sex, drugs, crime, careers, and motivating students toward positive behaviors (Barnes et al., 1984).

The counseling system at the target school is unique. Of the five counselors at the school, only one is equipped to deal with at-risk students. The other four counselors, either by choice or design, refer at-risk students to the exceptional student education counselor because he is the only one available for crisis intervention strategies. This practice restricts the amount of help made available to those students involved with alcohol or drug problems. At the present time, there is a substance abuse prevention counselor on campus two days a week. This is not an adequate amount of time to do group work, counsel alcohol and drug abusers, and provide training to teachers on recognizing signs of alcohol and drug abuse students. It is suggested that strategies be developed to train teachers and counselors on techniques to help students develop good self-concepts and attitudes to resist substance use.

The principal approved a request made by the Core Team members to distribute anti-drug materials to parents and teachers at "Open House." Materials will invite students, parents and teachers to utilize the Core Team as a resource to investigate students suspected of alcohol or drug use, and to assist them in dealing with this problem. The county Sheriff will be invited to "Open House" as a prelude to "Red Ribbon Week," which is anti-drug week.

Arrangements were made to meet with the School Advisory Committee, which consists of a district administrator, school administrators, staff personnel, parents, and community leaders, for a thirty-minute presentation on the status of the Core Team. A letter was sent to the writer's Congressman advising him of the actions to be taken to organize the alcohol and drug prevention program at the target school. A response from the Congressman, who is on the Select Committee on Children, Youth and Families, indicated that he was pleased to hear about the alcohol and drug prevention program, and encouraged the writer's efforts.

The school's radio and television broadcasting facilities were utilized to help students "Say No to Drugs." Emphasis was placed on developing "FYI" (for your information) spot commercials on improving self-esteem, decision making skills, and problem solving skills, which appears to be the most effective approach for reducing drug and alcohol use (Kelley & Peters, 1989).

Use of current forms for referring students to the Core Team were re-evaluated and updated to meet the Core Team's needs. Procedures and practices concerning the referral process were assessed. Staff members approved of the Core Team's efforts to adopt the new procedures, practices, and alcohol and drug prevention/intervention program.

A self-diagnostic five point rating scale was developed to measure Core Team members' present perceptions of the Core Team and the same instrument was used to assess new practices and procedures. The Resource Officer kept a record of student contacts concerning alcohol use, alcohol abuse, drug use, drug abuse, parent contacts, incarcerations, overdoses, and recidivisms. The alcohol and drug prevention counselor also kept a record of contacts made with students and staff members concerning the referral process. A reporting form was developed to list goals and objectives and the process included intent, monitoring, and observations.

As chairperson of the Core Team, the writer was responsible for implementing and keeping accurate records of activities, forms, community involvement in drug and alcohol awareness, and the adoption of an effective alcohol and drug prevention/intervention program. The chairperson developed a model Core Team that other high schools in the county may wish to copy.

Report of Action Taken

Month I: The Core Team was organized through the selection of key personnel who were willing to sacrifice extra time and effort to develop an effective alcohol and drug prevention/intervention program.

Month II: The Core Team was presented several current effective model alcohol and drug prevention/intervention programs used by other school systems in order to adopt one of these to meet the needs of the pilot school.

Month III: Short spot commercials called "FYI" (For Your Information) were broadcast on the school's radio and television to enhance students' self-esteem, decision making skills, self-confidence, and resistance skills to "Say No to Drugs," since the literature supports this approach as being the best method to fight alcohol and drug use.

Month IV: The anti-drug campaign was expanded out into the community and mental health agencies by an exchange of ideas on combating alcohol and drug use. The writer spoke before the school Advisory Committee on the status of the Core Team and the direction it will take for the future. Also, the writer had addressed a county-wide group of Exceptional Student Education teachers and administrators on the status of the Core Team and the model program being developed for alcohol and drug prevention/intervention strategies.

Month V: A model alcohol and drug prevention/intervention program was adopted at the target school, and SADD and Alateen clubs were integrated into the Core Team's war on alcohol and drugs.

Months VI through VIII: Core Team activities were monitored this included restructuring the referral system, discussions with teachers and counselors concerning recognition and strategies to deal with at-risk students, adoption of a model program to fight alcohol and drug use, and the assessment of innovations attempted by the writer.

CHAPTER V

RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

Results

The Core Team, which is the alcohol and drug prevention/intervention program at the writer's high school, required organizational restructuring in order for it to become an effective instrument for addressing alcohol and drug use by students.

Significant problems addressed were:

a) To select key personnel found among the targeted school to serve as members of the Core Team.

b) To reduce or eliminate the incidence of alcohol and drug use by students within the school environment.

c) To develop a strategic plan to educate staff members to recognize early warning signs of alcohol and drug abuse by students.

d) To activate a referral process that will assist students in getting help for alcohol or drug use.

e) To evaluate current successful alcohol and drug prevention/intervention models and incorporate those components into the target school's program.

f) To utilize the school's resource officer, who is regarded as the school's link to the criminal justice system and general law enforcement, in the alcohol and drug prevention program.

g) To cooperate with local media, and community agencies, in addressing alcohol and drug education and prevention.

h) To integrate S.A.D.D. and Alateen programs into the Core Team's infrastructure.

i) To develop and implement drug education strategies so teachers and counselors to identify and assist alcohol and drug abusers.

The solution strategy for implementing an effective alcohol and drug prevention program was accomplished with considerable support from the target school's administration. The principal of the high school considered the organization of the Core Team a top priority project and extended support and encouragement throughout its development. Nine objectives were proposed and all of them were implemented.

Results of the Effectiveness and Satisfaction with the Organization of the Core Team

Eleven members of the Core Team participated in a survey at the initial meeting to determine their awareness of the needs and operation of the team prior to the implementation of the suggested goals and objectives as recommended by the writer. All of the survey forms were completed and returned for evaluation.

Team members were asked on the survey to rate ten questions on a self-reporting rating scale that ranged from Very Poor (1) to Excellent (5). The members were asked to rate their attitudes toward the current operation of the Core Team. All eleven members returned the surveys.

The Core Team survey (see Appendix B) addressed the team's operation in the following areas prior to restructuring:

1. Level of efficiency.
2. Meeting the needs of teachers and students.
3. Its use of an acceptable drug and alcohol prevention/intervention model.
4. Use of the team to assist staff in reduction of alcohol/drug use by students.
5. Use of an acceptable anti-drug/alcohol curriculum.
6. Possible integration of S.A.D.D. and Alateen clubs into the Core Team's fight against drug and alcohol use.
7. Involvement of community in drug/alcohol prevention program.
8. Need to contact local church groups, local law enforcement, and health and social agencies to fight substance abuse.
9. Declare target school a "zero tolerance" area.
10. To establish an understanding within the community that all adults are role models for youth and should practice high standards.

Pre-Test Survey Results on Self-Reporting Scale of Core Team's Operation

The survey results of all team members agreed highly that the level of efficiency in the Core Team's operation was in need of restructuring. Nine of the eleven Core Team members felt strongly that the Core Team lacked the effectiveness to meet students' and teachers' needs. The entire Core Team highly agreed that the team did not follow a drug and alcohol prevention/intervention model. All of the members felt that more assistance could be provided to faculty members in fighting the use of alcohol and drugs by students. Core Team members were all in accord that there is no acceptable curriculum model to address drug education and that the business community should be solicited to provide financial support to purchase a program. The eleven members want SADD and Alateen organizations to join with the Core Team in its fight against drug and alcohol use. All members conceded that local community groups, police, health and social agencies and news media should be recruited to help in alcohol and drug prevention/intervention. Also, that the community adults should practice high standards to serve as role models for the students. The entire team wants the target school to be a "zero tolerance" area.

Post-Test Survey Results on Self-Reporting Scale of Core Team's Operation

The post-test survey results on the Self-Reporting Scale of the Core Team's operation (see Appendix C) signify that the Core Team has improved its level of operation from its initial meeting date. The Core Team has not reached its optimum level of efficiency since there is considerable, ongoing work required to involve teachers in becoming more active in the fight against drugs and alcohol use by students. Core Team members have adopted an acceptable drug prevention/intervention model and signified a need for adoption of a curriculum model to address drug education.

The Core Team unanimously agreed to integrate SADD and Alateen clubs into its fight against drug and alcohol use. By declaring the pilot school a "zero tolerance" area, drug and alcohol users risk the full consequences of the law if they violate these restrictions on or around the campus area. It was also agreed that community involvement in drug prevention/intervention programs at the high school should be more active.

The first goal for this practicum was to organize a Core Team to become an effective instrument for addressing alcohol and drug prevention/intervention strategies within the school environment, in their homes, and in the community of the targeted population. The second goal was to impact staff members by helping them to recognize early warning signs of potential substance abusers and at-risk students. A third goal was to make teachers, staff, students and their parents aware of the existence of the school's substance abuse prevention/intervention program to reduce alcohol and drug use. The final goal was to develop an effective referral system in which students would receive help through the Core Team and the Substance Abuse Prevention Counselor at the target school.

Specific objectives and standards were as follows:

1. Key personnel were selected for membership in the Core team based on the individual's commitment to assist young people to avoid the use of alcohol and drugs, and their willingness to meet after school and dedicate their divergent skills for many hours over the course of the school year. The use of a Self-Reporting Rating Scale (see Appendix B) demonstrated that the Core Team met its objectives in becoming an effective force in the fight against drugs and alcohol. The principal of the target school sent a memo to the writer indicating that the Core Team has done a fine job in providing structure, definition, purpose, scope, referral procedures, and other worthwhile information.

2. The Core Team members were asked to evaluate seven innovative alcohol and drug prevention/intervention models (see Appendix D) and incorporate one model into our own program.

   The models that were evaluated were:

   a) "Here's Looking At You, 2000."
   b) Project Impact.
   c) Drug Education Program.
   d) The Newton Model.
   e) Youth Awareness Program (YAP).
   f) Student Assistance Program (SAP).
   g) The Phoenix Program.

   The Core Team unanimously selected the Project Impact model as the program that should be incorporated into the target school.

3. Criteria for student referral procedures for those individuals suspected of alcohol or drug use were developed and put into place (see Appendix F). Also, a letter was composed to inform parents of their child's acceptance into a "Personal Growth/Self-Awareness Group" (see Appendix G).

4. The high school resource officer, who is the school's link to the criminal justice system and general law enforcement officer, was utilized as a Core Team member.

He is also available for classroom presentations (see Appendix I).

5. Cooperation with local media, community agencies, and mental health agencies was met by various activities throughout the school year. At the start of the school year, the fight against drugs was proclaimed by the United States Army kickoff of a stay in school and stay off drugs program by proclaiming the 1991-92 school year theme was, "Stay in School - Stay Off Drugs." The principal of the target high school accepted a proclamation by the Honorary Mayor of the community. The stay off drugs proclamation was signed by the president of the local Chamber of Commerce, and the ceremony was written up in the local newspaper.

In late September, the Pepsi Cola Company sponsored an assembly for all the high school students. It was a musical presentation with the theme centered on "Saying No to Drugs." The presenter was not a recovered drug user, but a dynamic personality who related a vivid message on the dangers of drugs and the importance of developing and maintaining a good self-concept and high self-esteem. Local mental health agencies have sponsored workshops on dealing with low self-esteem, peer pressures and drug and alcohol prevention.

6. Teachers and administrators attempted to establish a caring school environment. This provided students with the opportunity to get help whenever needed. A healthy classroom environment provided students with an opportunity to develop a positive self-concept, appropriate coping skills, positive peer relationships, and useful decision making skills. A support group was established to provide students and staff an opportunity to examine personal alcohol and drug use patterns on campus and to take appropriate actions.

7. An Alateen program was restarted at the target high school. The Alateen members meet once a month. The program will be run by a trained Al-Anon representative but will require the presence of a staff member at each of the sessions. Alateen is a fellowship of young Al-Anon members, who are usually teenagers, whose lives have been affected negatively by someone else's drinking. The purpose of Alateen is to share experiences, strength and hope with each other. This provides an opportunity to discuss one's difficulties with caring individuals. Young people learn effective ways to cope with their problems and to encourage one another to be strong. Alateen members learn that they are not the cause of anyone else's drinking problem.

Students Against Drunk Drivers' (SADD) club was also reactivated at the school and sponsored by one of the Core Team members. They will meet monthly at the high school. Its goals are to end death due to drinking and driving among youth. Students are asked to obey all laws regarding drinking and driving. SADD uses a curriculum, the Contact for Life, and positive peer pressure among students as the strongest elements of prevention. The basic SADD philosophy is prevention, which emanates from the individual. Students accept their own power and use it in a positive fashion for themselves and their peers.

8. A two day inservice training program was held for teachers and counselors on substance abuse prevention/intervention during the regular school day from 7:30 a.m. to 1:35 p.m. All of the teachers and counselors were provided with a packet (see Appendix E) of informational materials outlining the Core Team's role and activities, information on drug and alcohol use and abuse, referral forms and procedures, student drug policy and procedures, resource information on services offered within the school setting for students with substance abuse related problems, and community referral resources. The Substance Abuse Prevention Counselor, Core Team members, and the Project Coordinator for Project Safe Team from the University of South Florida were available to provide drug and alcohol prevention/intervention information to staff members.

Direct Outcome

The Core Team's organization began by selecting members who could best serve the needs of the target school and student body in addressing drug and alcohol prevention/intervention strategies. The selected members were willing to meet after school hours to work toward an active and effective program. No less than nine team members were in attendance at each of the eleven meetings that were held at the target school (see Appendix J). The principal was in attendance at three meetings and provided support and praise for an active Core Team. Team members were united as demonstrated by their attendance and participation in discussions and suggestions.

The most significant outcome of this practicum was the effectiveness and satisfaction with the organization and activity of the Core Team as demonstrated by the Core Team survey (see Appendix C). The Core Team remained active throughout the entire school year. Past practices showed that the effectiveness of the Core Team fell off in attendance and initiative after "Red Ribbon Week," which took place in October.

Indirect Outcome

An indirect outcome that resulted from this practicum was the enlistment of the University of South Florida's "SAFE TEAM," a drug prevention/intervention grant program, to include all the high schools in the county to share in their training program for developing an effective "peer team" approach in fighting drug use. The U.S.F. had initially planned to work only with elementary and middle schools in the county. The chairman of "SAFE TEAM" was invited to the target high school by the writer and met with the principal and Core Team members and was asked to help develop an in-service to train counselors to establish "peer teams" to work on drug prevention/intervention strategies.

Another indirect outcome was the clarification and defining of role responsibilities of the Core Team and the Substance Abuse Prevention Counselor (SAPC) through dialogue among the Core Team, SAPC, principal, and district supervisor of the Substance Abuse Prevention Counselors (see Appendix E). The Core Team and the SAPC are now working closely toward a common goal, which is to reduce alcohol and drug use by students.

The issue of confidentiality regarding students who are referred to the Core Team or Substance Abuse Prevention Counselor was defined. Two federal laws and a set of federal regulations guarantee the strict confidentiality of persons (including students or other minors) receiving alcohol and drug abuse services. These laws are designed to protect students' privacy rights even when a student has applied for drug abuse related services which include assessment, diagnosis, counseling, group counseling, treatment or referral for treatment. The restrictions on disclosure apply to any information, whether or not recorded, that will identify the student as an alcohol or drug abuser, either directly or by implication.

The director of the "SAFE TEAM" project at the University of South Florida has invited the writer to participate in their summer workshop on alcohol and drug prevention which will involve five other high schools in the county. The workshop will consist of organizing an effective anti-drug/alcohol program at the high school level. A stipend of $50.00 will be paid to participants on a per diem basis. The workshop will be for five days.

Conclusions

The implementation process at the target high school proceeded as planned. Conditions for change were optimum. The principal sent a memo to the chairman of the Core Team informing him that the writer would "head up the Core Team organization and "breathe new life into this program."

Throughout the implementation period, the principal was always available to provide whatever assistance was necessary. Since the Core Team was only able to meet on Tuesdays, because of the SAPCs schedule, the writer was given advance notice of faculty meetings which were also held on Tuesdays. Team members were always eager to participate in activities such as "Red Ribbon Week," "Open House," "Zero Tolerance," "in-school workshop," and "media blitz" announcements.

There was no resistance to any of the goals and objectives recommended by the writer. All the necessary changes in the area of intervention procedures, referrals, policy of no-use required by the SAPC's Drug-Free Schools Grant, confidentiality laws, objectives of an alcohol and drug awareness program, and adoption of a model drug program and curriculum guide went smoothly. The Core Team concluded the school year by developing an alcohol and drug abuse prevention/intervention program that could be an adopted model for any high school in the state of Florida.

Recommendations

Although the Core Team presently possesses all the tools necessary to remain an effective entity in fighting alcohol and drug use by students, the following recommendations would further enhance the program:

1. An annual workshop program should be scheduled to keep teachers and counselors aware of current techniques in recognizing and dealing with students who use alcohol or drugs.

2. Core Team chairpersons throughout the county should meet semi-annually under the supervision of the Student Services administrator to share ideas and adopt innovations that have proven to be successful as found in the literature.

3. New ideas need to be generated to involve the community and law enforcement agencies in dealing with drug and alcohol abuse on school campuses.

4. Interested faculty members, students, and parents should be invited to plan the next "Red Ribbon Week," to demonstrate full support for an alcohol and drug free school environment.

5. Generate support for the SADD and Alateen clubs that have recently been reintroduced at the target high school.

6. Provide recognition to the Core Team members who have spent countless hours and much energy to develop an effective team approach in keeping drugs and alcohol education in the forefront.

7. Encourage the school board and superintendent to adopt a county wide curriculum such as "Here's Looking At You,2000."

8. At the start of the new school year a mini-convention is held at the target school involving educational vendors and all staff members county wide, and it would be efficacious to reserve a booth and advertise the effectiveness of the Core Team in dealing with the alcohol and drug problems on school campuses.

Dissemination

The administrator in charge of Student Services for the county was given a copy of this practicum. This will provide an opportunity to share these results and organizational efforts with other Core Teams throughout the county. Feedback from other high school administrators indicated a need to disseminate the results of this practicum. The sheriff of the writer's county was also sent a copy of this practicum since the School Resource Officers are deputy sheriffs. They are the school's link to the criminal justice system and general law enforcement.

Congressman Michael Bilirakis of the 9th District, Florida, chairs the Select Committee on Children, Youth and Families, and he expressed an interest in receiving a copy of this practicum. Also, a copy was sent to State Education Agency Drug Free Schools Coordinator, Education Prevention Center, Knott Building, Tallahassee, Fl. 32399-0444. Dr. Derek Holcomb, chairman of the "SAFE TEAM" grant requested a copy of this practicum. Dissemination of this practicum will be submitted to related journals along with the ERIC data base.

Through the recommendation of the University of South Florida's "SAFE TEAM" anti-drug program, a workshop will be held during the summer in which the strategies to improve the Core Team's in the county will be conducted using this practicum as a guide. All Core Team chairpersons will be invited and a stipend will be paid to them.

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APPENDIX A

SELF-REPORTING RATING SCALE

APPENDIX A

SELF-REPORTING RATING SCALE

On the five-point scale, indicate the level you perceive the Core Team to be on by placing a "P" (Present Level) at the appropriate number (1-5). Place a "D" (Desired Level) at the appropriate number (1-5) showing where you perceive the Core Team should be. This self-reporting scale should show you where the Core Team is now and where it should be following necessary changes.

Scale Ratings

1. Very Poor
2. Poor
3. Fair
4. Good
5. Excellent

Example

__P___________R__

(Low) 1 . 2 . 3 . 4 . 5 (High)

Self-diagnostic five-point rating scale

(P) = Present Level (D) = Desired Level

As an individual member of the Core Team:

A. Regarding your attitude toward the current operation of the Core Team:

1. The Core Team's level of efficiency in operating.

____

(Low) 1 . 2 . 3 . 4 . 5 (High)

2. The Core Team's ability to meet the needs of teachers and students.

____

(Low) 1 . 2 . 3 . 4 . 5 (High)

3. The Core Team's ability to follow an acceptable drug prevention/intervention model.

____

(Low) 1 . 2 . 3 . 4 . 5 (High)

4. The Core Team's ability in assisting faculty members in fighting alcohol/drug use by students.

____

(Low) 1 . 2 . 3 . 4 . 5 (High)

B. Regarding your attitude toward developing and adopting a curriculum model to teach drug prevention:

1. The Core Team's ability to have an acceptable curriculum model to address drug education.

____

(Low) 1 . 2 . 3 . 4 . 5 (High)

C. Regarding S.A.D.D. and Alateen:

1. The Core Team's ability to integrate these organizations into its fight against alcohol/drug use.

____

(Low) 1 . 2 . 3 . 4 . 5 (High)

D. Regarding your attitude about community involvement in drug intervention/prevention programs for high school students:

1. The Core Team's ability to ask local businesses to provide financial help in drug/alcohol prevention curriculum.

____

(Low) 1 . 2 . 3 . 4 . 5 (High)

2. The Core Team's ability to contact local church groups, local police, health and social agencies, and news media to determine if we can get their help in alcohol/drug prevention/intervention.

____

(Low) 1 . 2 . 3 . 4 . 5 (High)

3. The Core Team's ability to declare our school a "zero tolerance" area.

____

(Low) 1 . 2 . 3 . 4 . 5 (High)

4. The Core Team's ability to establish an understanding within the community that all adults are role models for youth and should practice high standards.

____

(Low) 1 . 2 . 3 . 4 . 5 (High)

APPENDIX B

PRE-TEST RESULTS OF SELF-REPORTING RATING SCALE

APPENDIX B

PRE-TEST RESULTS OF SELF-REPORTING RATING SCALE

1.2.3.4.5
Present Level ☐
Desired Level ☐

A-1.	The Core Team's level of efficiency in operating.	P 1.9	D 5.0
A-2.	The Core Team's ability to meet the needs of teachers and students.	P 1.8	D 4.9
A-3.	The Core Team's ability to follow an acceptable drug prevention/intervention	P 1.7	D 4.9
A-4.	The Core Team's ability in assisting faculty members in fighting alcohol/drug use by students.	P 2.0	D 4.8
B-1.	The Core Team's ability to have an acceptable curriculum model to address education.	P 1.5	D 4.9
C-1.	The Core Team's ability to integrate these organizations into its fight against alcohol/drug use.	P 1.7	D 4.8
D-1.	The Core Team's ability to ask local businesses to provide financial help in drug/alcohol prevention curriculum.	P 1.8	D 4.5

D-2. The Core Team's ability to contact local church groups, local police, health and agencies, and news media to determine if we can get their help in alcohol/drug prevention/intervention.

P 1.9

D 4.3

D-3. The Core Team's ability to declare our school a "zero tolerance" area.

P 1.1

D 5.0

D-4. The Core Team's ability to establish an understanding within the community that all adults are role models for youth and should practice high standards.

P 1.7

D 3.5

APPENDIX C

POST-TEST RESULTS OF SELF-REPORTING RATING SCALE

APPENDIX C

POST-TEST RESULTS OF
SELF-REPORTING RATING SCALE

1.2.3.4.5
Present Level
Desired Level

A-1.	The Core Team's level of efficiency in operating.	P	3.5
		D	5.0
A-2.	The Core Team's ability to meet the needs of teachers and students.	P	3.4
		D	4.9
A-3.	The Core Team's ability to follow an acceptable drug prevention/intervention	P	4.5
		D	4.9
A-4.	The Core Team's ability in assisting faculty members in fighting alcohol/drug use by students.	P	3.2
		D	4.8
B-1.	The Core Team's ability to have an acceptable curriculum model to address education.	P	4.5
		D	4.9
C-1.	The Core Team's ability to integrate these organizations into its fight against alcohol/drug use.	P	4.9
		D	5.0
D-1.	The Core Team's ability to ask local businesses to provide financial help in drug/alcohol prevention curriculum.	P	3.0
		D	4.5

D-2.	The Core Team's ability to contact local church groups, local police, health and agencies, and news media to determine if we can get their help in alcohol/drug prevention/intervention.	P	3.6
		D	4.3
D-3.	The Core Team's ability to declare our school a "zero tolerance" area.	P	4.5
		D	5.0
D-4.	The Core Team's ability to establish an understanding within the community that all adults are role models for youth should practice high standards.	P	3.2
		D	4.0

APPENDIX D

SURVEY RESULTS OF STUDENT ASSISTANCE PROGRAM MODELS

APPENDIX D

The following is a description of Substance Abuse Prevention Models evaluated by the Core Team.

A. "Here's Looking at You, 2000:"

This is a well known program designed to improve students' knowledge of drugs, alcohol, and chemical dependence, promote increased self-esteem and coping skills, and improved students' decision-making skills. It has grade level specific components appropriate for students from kindergarten through the twelfth grade (Green & Kelley, 1989).

B. Project Impact:

This program is based on an innovative prevention-community-intervention model that was designed to curtail the use of drugs. This model includes the following objectives: a) to formulate a comprehensive drug policy in the target high school, b) to evaluate the effectiveness of current drug policies, c) to assist those in the school and community with early intervention strategies, d) to develop permanent procedures for identification and referral for students with drug problems (Underleider, et al., 1988).

C. Drug Education Program:

This program looks to the behavioral sciences for ways of understanding and changing behaviors. The program includes training in assessment, program planning, team building, group, individual and peer counseling alternatives to substance abuse, communication skills, problem-solving, decision-making and conflict resolution skills. The goals of this program are to reinforce non-use of drugs, discourage experimentation with drugs, and preventing or intervening in destructive use of substances (Bowliss, 1977).

D. The Newton (Massachusetts) Model:

This program involves five components in dealing with alcohol and drug abuse. The components are: a) the evaluation of behavior problems related to drug and alcohol abuse, b) referrals by school personnel, community, agencies and parents, c) provisions for counseling/education support services for students who are reintegrated into the school system from a residential treatment center, d) group support services for parents, and e) staff training in the identification of at-risk students (Green, 1987).

E. Youth Awareness Program (YAP):

The focus of this program is on helping high school students make appropriate decisions about sex, drugs, crime, careers, and motivating students toward positive behaviors. The program utilizes strategies such as interviews, discussions, multi-media, field trips, and a variety of counseling techniques. The program goals are: a) To evaluate the effectiveness of the program, b) measure changes in knowledge, attitudes and behaviors of YAP students, and c) to collect students' and instructors' opinions about the program (Barnes, et al., 1984).

F. Student Assistance Program (SAP):

This program was developed largely by the Pennsylvania Department of Education, the program is designed to identify students who are having school performance problems that may be linked with drugs, alcohol or mental health problems. The SAP philosophy emphasizes the integration of student assistance and disciplinary measures to deal with students' problems related to drug and alcohol abuse. This program requires a full time person to direct the program (Villanova University Study, 1989).

G. The Phoenix Program:

This program was established to provide a drug and alcohol free educational environment which would enable students to reduce their substance usage so that they might function in a regular school program. The first objective is to provide counseling for students experiencing alcohol or drug abuse problems. The second objective is to establish a partnership between the school and home. This program lends itself well with academic programs (Emrich & Green, 1981).

APPENDIX E

TEACHER/COUNSELOR

STUDENT ASSISTANCE PROGRAM INSERVICE

APPENDIX E

CORE TEAM

The Core Team at the target high school has adopted a drug prevention/intervention model similar to that of the Impact Program found in the Newberg School District, Oregon.

PURPOSE OF THE CORE TEAM PROGRAM

The Core Team intends to raise the level of awareness of all staff members and students concerning the dangers of drug and alcohol use, intervene when chemicals appear to be causing a lack of success in school, refer students to the Substance Abuse Prevention Counselor when appropriate, and to provide a support system for those returning from treatment centers. Secondary purposes include providing resources for the school in terms of sharing information from training experiences, presenting and coordinating education programs for parents and initiating and promoting community involvement in substance abuse prevention programs.

INTERVENTION PROCEDURES FOR STUDENTS IDENTIFIED AS DRUG OR ALCOHOL USERS

Referral forms (Behavior Observation Sheets) are located in the mailbox of the Substance Abuse Prevention Counselor. Please check all behaviors that apply to the student you are referring. Additional information and classification can be provided in the comments' section. Return the completed form to the SAPC. Before meeting with the student, the SAPC will contact you to discuss the referral if necessary, and also request additional information from students, guidance counselor, and other classroom teachers (Behavioral Report Form). Following the meeting with the student, you will be notified that the student has been seen. Federal law strictly limits information sharing regarding students who are receiving substance abuse prevention services. To maintain confidentiality, only general information will be provided. Likewise, your referral of a student is confidential, unless otherwise indicated. Use the criteria below as a guideline. Look for behavior changes or patterns. Also, any student under the influence or in possession of alcohol/drugs is an automatic referral in addition to disciplinary action that is taken.

1. Home environment with one (or both) parent/guardian or other family member known or suspected of alcohol and/or other substance abuse.
2. Known or suspected alcohol/drug use by student or history of hospitalization/treatment for alcohol/drug abuse. (Talk of use or association with known users.)
3. Low self-esteem/self-image; non-assertive behavior.
4. Frequent absenteeism, tardiness, skipping, patterns

in absences. (Mondays, afternoons, Fridays.)

5. Decline in grades, lack of motivation, apathy.
6. Behaviors: defiant, defensive, withdrawn, depressed, sleeps in class, cheating, perfectionism, nervousness, hyperactivity, physical or verbal abuse or outbursts, disruptiveness, erratic behavior, and mood swings.

BACK TO SCHOOL AFTER TREATMENT

The average stay at a residential treatment center is between thirty and forty days. The student's return to school is a critical transition. Although a student comes away from a treatment program with a more positive self-image, the student's peers and even teachers and counselors may not have changed their perceptions of the person.

The Substance Abuse Prevention Counselor should be advised about the return of these students and will work with them individually and/or in a group setting (Personal Growth Group or referral to Transition Group) to help them:

1. To work on problems identified in treatment.
2. To help students change their lifestyles.
3. To help students make new friends and develop positive relationships.
4. To help students deal with peer pressure to use alcohol or drugs.
5. To help students deal with school and family stresses without the use of mood-altering drugs.
6. To help students learn to take responsibility for the consequences of their personal choices and behaviors.

PREVENTION OF ALCOHOL AND DRUG USE

The serious concerns expressed by parents, students, educators, and community leaders about the growing alcohol and drug problems put the implementation of this type of program as a top priority. Once students become involved with alcohol and drugs, it is extremely difficult to break out of the habit. There is a need to educate student of the dangers of alcohol and drug use.

The Core Team hopes to write a block grant to purchase "Here's Looking At You, 2000," a well known program designed to improve students' knowledge about drugs, alcohol, and chemical dependency, promote increased self-esteem and coping skills, and improve students' decision-making skills. This curriculum has been in widespread use throughout the nation for several years. The use of this curriculum has significantly improved drug knowledge.

OBJECTIVES OF AN ALCOHOL AND DRUG AWARENESS PROGRAM

An alcohol and drug prevention program should cover the following topics:

1. How drugs affect health and behavior.
2. Increase knowledge on effects of alcohol and drugs.
3. Improve decision-making skills.
4. Provide resources to help understand the consequences of alcohol or drug abuse.
5. Improve students' awareness of the dangers of alcohol or drug abuse.
6. Place emphasis on life without the use of drugs and alcohol.

COMMUNITY INVOLVEMENT IN THE FIGHT AGAINST DRUG/ALCOHOL USE

We need to seek support from community churches, businesses, and organizations such as the Lion's Club, Kiwanis Club, etc. to help fight the abuse of drugs and alcohol in our community.

CONCLUSION

We at the target high school are attempting to constructively discourage students from using alcohol and drugs in their lives. The Core Team and Substance Abuse Prevention Counselor hope to provide an important initiative to combat alcohol and drug use by our students. We feel that this initiative to identify, refer, interview, and provide an opportunity for treatment to those in need of intervention help will be most effective in the battle against alcohol and drug use.

STUDENT DRUG POLICY

OFFENSE:
Illegal Substances and Drugs.

FIRST TIME CONSEQUENCES:
Students will be suspended from school for ten days and the police will be notified; however, student and parents may have the suspension waived by attending a counseling program with the Human Development Center. The Juvenile Early Intervention Program (J.E.I.P.) is now called Parent and Adolescent; Communication and Education (P.A.C.E.).

Failure to complete the counseling program may result in reinstatement of the suspension.

REPEAT CONSEQUENCES:
Students who engage in the sale and/or distribution of illegal substances face probable expulsion from school.

The school board may, however, waive the expulsion if the student:

1. Provides information leading to the arrest and conviction of the supplier of the controlled substance.

2. Discloses voluntarily his unlawful possession of the controlled substance prior to his arrest.

3. Enrolls in and successfully completes a state licensed drug abuse program.

ALTERNATIVE
Alternative In-School Suspension Program.

SUMMARY
In-School Suspension Program: Students may be sent to this program for up to 10 days. Services while in the program are a function of the infraction. Students receive counseling and information concerning the infraction and are expected to complete all regular classwork.

REFERRAL TO COMMUNITY PROGRAM
The J.E.I.P./P.A.C.E. program works in conjunction with the Human Development Center and the school system. Students found in possession of illegal substances can choose to attend an 8 week substance abuse program and avoid OSS.

COST OF J.E.I.P./P.A.C.E. PROGRAM

Initial Intake	$30.00
Classes	$100.00
One urine test	Free
Additional Urine	$20.00

PURPOSE OF J.E.I.P/P.A.C.E. PROGRAM:
This seven week program will stress the issues of communication and substance abuse education as they relate to parent and adolescent. This model will be delivered on a weekly basis and each meeting will last approximately 90 minutes. The overall objective is twofold: (1) To focus on the issues of parent/adolescent relationships, parent effectiveness, nurturance, teen-parent conflict resolution, and communication styles. (2) To address substance abuse as it relates to education, symptomatology, prevention/treatment and family dynamics. The model will then place emphasis on the combination of these two objectives in order to raise the level of effectiveness of Parent/Adolescent; Communication/Education.

PROCEDURAL GUIDELINES:
Classes will meet on a weekly basis for a period of seven weeks. Classes will run concurrently with the Pasco County School Departments semester dates. The first and last class will be attended by both the parents and adolescents. The other classes will be divided into groups consisting of all

parents and all adolescents. Protocol for all classes is included in an accompanying syllabus. Attendance at all classes is mandatory.

THE STUDENT HANDBOOK ADDRESSES ILLEGAL SUBSTANCES AND DRUGS: Students found in possession of controlled, illegal substances (including alcohol) will be dealt with severely, including but not limited to suspension, certain referral to legal authorities, and referral for community agency counseling services. Students who engage in the sale and/or distribution of illegal substances face probable expulsion from school. The School Board may, however, waive the expulsion if the student:

1. Provides information leading to the arrest and conviction of the supplier of the controlled substance.
2. Discloses voluntarily his unlawful possession of the controlled substance prior to arrest.
3. Enrolls in and successfully completes a state licensed drug abuse program.

CORE TEAM AND SUBSTANCE ABUSE PREVENTION COUNSELOR ROLES AND RESPONSIBILITIES

CORE TEAM'S RESPONSIBILITIES:

1. Coordinate and present educational programs.
    a. Provide for faculty inservice.
    b. Provide parent education programs on drug and alcohol prevention/intervention.
    c. Provide student education programs on drug and alcohol prevention/intervention.
2. Promote the identification and referral of students who are suspected of alcohol or drug use as an act of concern about the student's well being.
3. Educate and assist faculty and staff members in the referral process for at-risk and alcohol and drug abusing students.
4. Two members of the Core Team and the Substance Abuse Prevention Counselor review and consider the students referred for evaluation due to suspected alcohol or drug use only. This would not include self-referred students, discipline referrals, children of substance abusers, and known or admitted alcohol or drug users. There may be exceptions to the latter categories.
5. Recommend students to Guidance Department and SAPC for individual or group counseling.
    a. Individual guidance sessions.
    b. Specialty group guidance sessions.
    c. Substance abuse prevention counseling and groups.

6. Provide informational materials to faculty, staff, students, and parents.

7. Promote helpful approaches in addressing substance abuse problems and issues.

8. Provide support to the Substance Abuse Prevention Counselor by promoting identification and utilization of the referral process within the school.

SUBSTANCE ABUSE PREVENTION COUNSELOR'S ROLE:

1. Assist with educational programs.
    a. Make classroom presentations.
    b. Provide and assist with parent programs.

2. Develop criteria for the identification of possible substance abusers.

3. Develop referral procedures and process them for at-risk and possible substance abusing students.

4. Evaluate and refer students for appropriate services.
    a. Refer to in-school programs and services.
    b. Refer to community self-help groups.
    c. Refer, with Core Team support, to community treatment resources.

5. Provide counseling to students.
    a. Individual.
    b. Group.

6. Provide informational materials to faculty, staff, students, and parents.

7. Promote positive, concerned, and confidential approaches when addressing substance abuse problems and issues.

8. Support the Core Team in their educational and promotional activities.

REFERRAL GUIDELINE HIGHLIGHTS

1. Referral form (Behavioral Observation Sheet) must be completed by the person who refers the student.

2. Referral form goes to the Substance Abuse Prevention Counselor.

3. Emergency or crisis situations are to be handled immediately.
    a. If a student is under the influence of alcohol or drugs refer to the Clinic, Substance Abuse Prevention Counselor, Assistant Principal.

   b. If the Substance Abuse Prevention Counselor is not in, refer for next day follow-up.
   c. All emergency referrals are to be noted as such.
   d. Counseling...immediate guidance referral with referral for next day follow-up by Substance Abuse Prevention Counselor.

4. Non-emergency referrals will be followed-up as time permits once the completed information on the student is obtained.

5. Referral to in-school programs and services will be the first choice of action for most students, especially children of substance abusers and motivated students.

6. Referral for community resource/agency counseling or treatment to be taken to the Core Team for review and final recommendation.

TOPICS AVAILABLE FOR CLASSROOM PRESENTATION BY THE SCHOOL RESOURCE OFFICER

1. Child Abuse
2. Consequences of Crime
3. Criminal vs. Civil Juvenile Justice Systems
4. Domestic Violence/Spouse Abuse
5. Drug Abuse/Cocaine
6. Drug Abuse/General
7. Drug Abuse/Tobacco
8. Law Enforcement Careers
9. Rape and Assault Prevention
10. Report Writing
11. School Resource Program
12. Science in Law Enforcement
13. Teenage Alcohol Abuse

The School Resource Officer is the school's link to the criminal justice system and general law enforcement.

DRUG/ALCOHOL ADDICTION REHABILITATION ACT

Although not meeting the eligibility requirement of Public Law 94-142, an adolescent alcoholic is handicapped under Section 504, according to an Oregon state hearing office, and must be afforded all rights and protections under the statue; therefore, a local school district violated Section 504 by, among other things, failing to refer and evaluate the student in a timely manner and neglecting to notify the student's guardian of procedural rights under the statute.

APPENDIX F

STUDENT REFERRAL FORM
TO CORE TEAM

APPENDIX F

STUDENT REFERRAL FORM TO CORE TEAM

Student:____________________ Grade:______ Date: ____________

Referred by: ______________________ Birth Date: ____________

Reason for Referral:____

____

____

PLEASE CHECK APPROPRIATE RESPONSE

I. Academic Performance:
- ___ Declining grades
- ___ Lack of motivation

II. Class Attendance Patterns
- ___ Excessive absenteeism
- ___ Excessive tardiness
- ___ Skips classes
- ___ Frequent requests to leave classroom
- ___ Patterns in absences

III. Observed Conduct
- ___ Disruptive in class
- ___ Inattenativeness
- ___ Failing memory
- ___ Extreme negativism
- ___ Defiance
- ___ Cheating
- ___ Hyperactivity/nervousness
- ___ Frequent sleeping in class
- ___ Mood swings
- ___ Defensive
- ___ Interested in occult
- ___ Others concerned about this person
- ___ Can't accept being corrected

IV. Physical problems
- ___ Poor balance
- ___ Glassy, bloodshot eyes - wears dark glasses
- ___ Slurred speech

V. Possible Alcohol/Drug Behaviors

Witnessed	Suspected	
___	___	Selling/delivering
___	___	Possession of alcohol/drugs/etc.
___	___	Use of alcohol/drugs
___	___	Odor of alcohol/drugs
___	___	Freely talks about use
___	___	Associates with known users

APPENDIX G

LETTER TO PARENT

APPENDIX G

(Date)

Dear (Parent) :

Your child has chosen to participate in a support group at the high school. Participation in this group enhances one's ability for personal growth and self-awareness.

This group will meet for approximately one hour each week. It will provide the student a safe and confidential setting in which to discuss problems and concerns, and to enhance self-esteem and communication skills. The students will learn appropriate decision-making skills. Awareness of alcohol and drug dependency will also be investigated. Group topics might include: feelings, coping skills, risks, choices, problem-solving, value judgments, dealing with peer pressures, and developing good listening skills.

The individuals leading these groups are trained in support group dynamics for high school students. If you feel your child could profit from involvement in this type of group, please contact (Name) at (Phone #). Anonymity will be respected.

Sincerely,

APPENDIX H

HIGH SCHOOL RESOURCE OFFICER'S CLASSROOM PRESENTATION LIST

APPENDIX H

HIGH SCHOOL RESOURCE OFFICER'S CLASSROOM PRESENTATION LIST

1. Child Abuse: An overview of the problem, detailing signs and symptoms, types of abuse.

2. Consequences of Crime: Discuss well known and commonly violated laws. Describe the elements and possible penalties and allow students to utilize the information in a short written exercise.

3. Criminal vs. Civil Juvenile Justice Systems: Explain and compare the terms and procedures utilized in each area of the law. Allow the students the opportunity to solve hypothetical civil disputes.

4. Domestic Violence and Spouse Abuse: An overview explaining why it occurs, the police officer's role, the victim's rights and responsibilities and possible solutions to the problem.

5. Drug Abuse/Cocaine: Discuss the origin and history of cocaine, its physical and psychological effects and the legal controls.

6. Drug Abuse/General: Discuss all forms of drug abuse from cigarette smoking and alcohol to LSD and heroin. Explain physical properties and the drugs' physical and psychological effects.

7. Drug Abuse/Tobacco: A brief discussion of an often overlooked but dangerous drug.

8. Law Enforcement Careers: Explain the wide range of law enforcement agencies and their responsibilities.

9. Rape and Assault Prevention: Discuss myths and truths related to sexual assault.

10. Report Writing: Stress the value of learning good English skills. Explain the methods and purposes of police reports.

11. School Resource Program: Relate the goals and objectives of the School Resource Officer.

12. Science in Law Enforcement: Discuss the values of science and technology in modern law enforcement.

13. Teenage Alcohol Abuse: Explore the seriousness of alcohol use and abuse among youth. Discuss the myths surrounding alcohol use.

APPENDIX I

ATTENDANCE AT CORE TEAM MEETINGS

APPENDIX I

ATTENDANCE OF CORE TEAM MEMBERS AT SCHEDULED MEETINGS

	DATES	MEMBERS PRESENT
1.	9-12-91	11
2.	10-2-91	11
3.	10-10-91	10
4.	10-15-91	9
5.	11-26-91	10
6.	1-14-92	9
7.	1-21-92	9
8.	2-25-92	8
9.	3-17-92	9
10.	4-14-92	10
11.	5-12-92	10

(N=11)

APPENDIX J

SCHOOL RESOURCE OFFICER'S WEEKLY ACTIVITY REPORT FORM

APPENDIX J

SCHOOL RESOURCE OFFICER'S WEEKLY ACTIVITY REPORT

Deputy: ____________________ School: ________________________

From: ______________________ To: ____________________________

ACTIVITY	Mon.	Tues.	Wed.	Thur.	Fri.
1. Complaints					
2. Arrests					
3. Diversions					
4. Follow-up Criminal Counseling					
5. Substance Abuse Counseling					
6. Victim Counseling					
7. Walk-In Counseling					
8. Court					
9. Faculty Meetings					
10. Campus Patrol					
11. Truant Patrol					
12. Parent Conferences					
13. Training					
14. Extra-Curricular activities					
15. Recovered Stolen Property					

APPENDIX K

CONTACTS MADE WITH MEDIA, COMMUNITY AGENCIES, AND MENATAL HEALTH AGENCIES

APPENDIX K

CONTACTS MADE WITH MEDIA, COMMUNITY AGENCIES, AND MENTAL HEALTH AGENCIES

Morning announcements carried on the school radio addressed issues on self-concept, self-esteem, Alateen, and other information on drug and alcohol education.

The local newspaper was active in keeping the community apprized of the school's anti-drug/alcohol campaign throughout the school year.

The local Chamber of Commerce presented the principal of the target high school a stay off drugs proclamation which was declared by the honorary Mayor and the president of the Chamber of Commerce.

The Pepsi Cola Company sponsored an assembly for the students at the target high school. It was a musical presentation with the theme centered on "Saying No to Drugs."

The Brian Winthrop International, Ltd. sponsored a "Wild Video Dance Party" which emphasized a dual goal: (1) To educate and motivate American teenagers to select positive leisure experiences as the alternative to substance abuse and (2) to heighten the visibility of schools and park and recreation facilities as a critical resource supporting young peoples' participation in team sports and healthy interactive activities.

The School Resource Officer, a Core Team member, is involved in a community program in which he solicits donations from local business establishments for purchasing tee shirts with the logo "Say No to Drugs." There are 40 members in this "Say No to Drugs" club that meets on the first Wednesday of every month.

The Florida At Risk for Alcohol and Drug Abuse Program is sponsored by Health and Rehabilitation Services. It provides support for expanded prevention, early identification and intervention for alcohol and drug education.

The Florida Youth Network, funded by the Governor's Drug-Free Communities Grant Program, provides seasonal updates on legislative issues dealing with drug education.

APPENDIX L

MEDIA CENTER SUBSTANCE ABUSE EDUCATION/PREVENTION VIDEOS

APPENDIX L

INSTRUCTIONAL MEDIA CENTER

SUBSTANCE ABUSE EDUCATION/PREVENTION VIDEOS

V3188	Alcohol Facts: For Teens Only***	31 Minutes
V3217	Alcohol: Social Drug, Personal Problem**	39 Minutes
V6099	If Someone in Your Family Drinks (NP)	24 Minutes
V3395	It's Not My Problem**	32 Minutes
V3237	Marijuana and Your Mind**	27 Minutes
V3519	Mirror of a Child*** (Adult Audience)	35 Minutes
V989	Power of Choice: Drugs & Alcohol, Part II**	30 Minutes
V3696	Self-Esteem***	15 Minutes
V3298	Why Does Mom Drink So Much?***	30 Minutes
V3697	You're Not Communicating, 2nd Edition**	23 Minutes
V2189	You're Not Listening (NP)	29 Minutes

PARENT EDUCATION

V1402	Sons & Daughters, Drugs & Booze***	29 Minutes

*** Excellent and Highly Recommended.

** Good.

NP Not Previewed.

Previewed by Yvonne Reed, Substance Abuse Prevention Counselor.

APPENDIX M

SADD AND ALATEEN

ATTENDANCE RECORDS

APPENDIX M

ALATEEN MEETING SCHEDULE AND ATTENDANCE RECORDS

DATE	TIME	NUMBER OF STUDENTS ATTENDING
2/27/92	9:30 to 10-30 a.m.	25
3/5/92	12:50 to 1:50 p.m.	18
3/12/92	9:30 to 10:30 a.m	21
3/19/92	12:50 to 1:50 p.m.	19
3/26/92	9:30 to 10:30 a.m.	22
4/2/92	12:50 to 1:50 p.m.	18
4/9/92	9:30 to 10:30 a.m.	20
4/23/92	12:50 to 1:50 p.m.	22
4/30/92	9:30 to 10:30 a.m.	21
5/7/92	12:50 to 1:50 p.m.	20
5/14/92	9:30 to 10:30 a.m.	22
5/21/92	12:50 to 1:50 p.m.	21
5/28/92	9:30 to 10:30 a.m.	22

SADD MEETING SCHEDULE AND ATTENDANCE RECORDS

DATE	TIME	NUMBER OF STUDENTS ATTENDING
2/7/92	2:45 to 3:45 p.m.	10
3/6/92	2:45 to 3:45 p.m.	9
4/3/92	2:45 to 3:45 p.m.	10
5/1/92	2:45 to 3:45 p.m.	10

APPENDIX N

IDENTIFICATION OF HIGH-RISK SUBSTANCE USERS GRADES 9-11

APPENDIX N

IDENTIFYING HIGH-RISK SUBSTANCE USERS IN GRADES 9-11

HIGH-RISK SUBSTANCE USERS

1. Know more adults who use drugs to get high.
2. Have close friends who regularly drink to "get loaded."
3. Consider marijuana use to be less harmful than others do.
4. Rate their parents as less strongly against marijuana use.
5. Learned about drugs from their own experience.
6. Deny that they were in any way influenced by drug and alcohol prevention education in school.
7. Are more aware of their peers being "high" in the classroom.
8. Have engaged in acting-out behavior in school, including cutting classes, getting into trouble in general.
9. Having been arrested or placed on probation.
10. Thought seriously about dropping out of school and have friends who have done so.

RISK OF DROPPING OUT OF SCHOOL

1. Acting-out, or a history of getting into trouble in school or the community.
2. Poor academic performance.
3. Low engagement in school.
4. Early assumption of adult roles, or wanting to leave school in order to work.
5. Related peer behavior...hanging around with dropouts.
6. Come from broken homes.

APPENDIX O

CORE TEAM LOGO

CORE

TEAM

ALCOHOL & DRUG
PREVENTION / INTERVENTION
PROGRAM